

# Arkansas Balancing Incentive Program



Great Seal of the State of Arkansas

Arkansas Department of Human Services, Division of Medical Services



**Revised  
Work Plan  
July 28, 2013**

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## Project Abstract and Profile:

Arkansas has a long history of working to improve the balance of its long-term services and supports system (LTSS) and has been an innovator in this area. Arkansas has recently participated in a number of initiatives aimed at improving the balance of the LTSS system, including the Real Choice Systems Change and Money Follows the Person grant programs. In addition to these programs, Arkansas has developed an Aging & Disability Resource Center, called the *Choices in Living Resource Center*.

In Arkansas, five Divisions within the state's Department of Human Services play an important role in the publicly funded long-term care system: the Division of Medical Services; the Division of Aging & Adult Services; the Division of Developmental Disabilities Services; the Division of Behavioral Health Services; and the Division of County Operations. These divisions are committed to working collaboratively to implement the Balancing Incentive Program.

Arkansas will employ a multi-pronged approach to meet the BIP LTSS spending target. First, LTSS will be included as a part of Arkansas's Healthcare Payment Improvement Initiative (AHCPII), a statewide multi-payer initiative designed to improve the quality of care while managing costs. As a part of this initiative, an assessment-based episode model for LTSS will be designed to align services with client needs and reward high-quality, cost-effective care. AHCPII, coupled with opportunities such as health homes and Community First Choice Option, should provide the necessary mechanisms for the state to rebalance its long-term services and support system and meet the BIP LTSS spending target.

Arkansas will work to fully implement the three BIP structural requirements by September 30, 2015. The BIP structural requirements are complementary to the larger AHCPII; in the case of the core standardized assessment, an independent, standardized assessment is not only a BIP requirement, but also a necessary precursor to implementing the assessment-based episode model for LTSS. Arkansas has already made progress towards implementing a core-standardized assessment (CSA) system for several LTSS populations and will meet the requirements of the CSA component of the Balancing Incentive Program. Improving care coordination is also a key component of the LTSS rebalancing efforts; Arkansas will develop a plan to review compliance and implement a conflict-free case management system, in conjunction with researching the health home model, by the end of the BIP grant period. The state will also meet the BIP No Wrong Door/Single Entry Point (SEP) requirements by enhancing the capacity of the state's *Choices in Living Resource Center* so that Arkansans will have the information they need to make setting of care decisions with an understanding of the full array of available LTSS.

Arkansas has been granted \$61.2 million in BIP funding. This funding will be used to provide new or enhanced infrastructure and systems that support HCBS to Arkansans; specifically, the state is exploring the development of health homes and the Community First Choice and 1915(i) options. These new systems and options will help the state balance its LTSS system and will provide Arkansans with additional opportunities to receive long-term services and supports in their homes and communities.

## Work Plan Narratives:

### A. Understanding of Balancing Incentive Program Objectives:

In Arkansas, long-term care is the single largest area of spending in the state's Medicaid budget. Approximately 55% of Medicaid long-term care dollars fund institutional services, with the remaining 45% spent on home and community-based long-term services and supports. Arkansas is committed to balancing the long-term care system and reaching the Balancing Incentive Program (BIP) goal of spending 50% of long-term care dollars on home and community-based services by 2015.

Arkansas has engaged in a multi-payer Payment Improvement Initiative (Arkansas Healthcare Payment Improvement Initiative - AHCPII) to improve the quality of care while managing costs. This initiative should allow Medicaid to avoid making drastic and permanent cuts to the rates it uses to reimburse providers or to programs on which tens of thousands of Arkansans depend.

Long-term care services and supports are included in the state's Payment Improvement Initiative, and this coupled with opportunities such as health homes, BIP and Community First Choice Option (CFCO), should allow the state to rebalance its long-term care costs and provide consumers with services in settings of their choice, while also aligning with the state's overall health system transformation efforts.

In addition to the more recent Payment Improvement Initiative described above, balancing the LTSS system has been the focus of other AR DHS planning and policy development efforts. In 2009, two reports outlining strategies and recommendations to improve the balance of the LTSS system were approved by Arkansas's Governor Mike Beebe. Importantly, the three structural reforms required under BIP were recommendations outlined in those reports.

Arkansas DHS convened three internal work groups, which started meeting in 2009, to work on the development and implementation of the three structural reforms required under BIP. Work has been under way to develop a universal assessment system; to improve care coordination and to remove conflict from case management services; and to improve consumer access to the LTSS system. This work demonstrates that Arkansas is both committed to and well-positioned to accomplish the objectives of the BIP program.

## **B. Current System's Strengths and Challenges:**

Arkansas has a long history of participation in efforts to improve the balance of long-term service and supports (LTSS) and has been an innovator in this area. Arkansas was the first state to fully implement a statewide Cash & Counseling program of self-directed personal care. Arkansas has recently participated in a number of initiatives aimed at improving the balance of the LTSS system, including the Real Choice Systems Change and Money Follows the Person grant programs funded by CMS. In addition to these programs, Arkansas has received funding from the Administration on Aging and has developed an Aging & Disability Resource Center (ADRC), called the Choices in Living Resource Center.

In Arkansas, five Divisions within the state's Department of Human Services play an important role in the publicly funded long-term care system. As evidenced by the letters of endorsement in Appendix I, these Divisions have committed to actively participating in the BIP program and have a history of working together on a variety of cross-divisional work groups.

The Division of Medical Services (DMS), the State Medicaid agency, has overall responsibility for administrative and financial authority, policy development, quality management strategies, regulation, rate and budget setting for all Medicaid funded long-term services and supports, including nursing home care, all Medicaid waivers and the personal care program. Additionally, the Office of Long- Term Care (OLTC), an office within DMS, is responsible for licensing and inspecting long-term care facilities, including nursing facilities, intermediate care facilities for individuals with intellectual disabilities, assisted living facilities, residential care facilities, adult day cares and adult day health cares and post-acute head injury retraining residential facilities.

The Division of Aging & Adult Services (DAAS) administers all of the Older Americans Act funded home and community-based services (HCBS) programs and is the operating agency responsible for day-to-day operations for three 1915(c) HCBS waivers (ElderChoices, Alternatives for Adults with Physical Disabilities, and Living Choices Assisted Living) and a 1915(j) consumer-directed personal care state plan option (IndependentChoices). Additionally, DAAS and DMS jointly oversee the state plan program, Program for All-Inclusive Care for the Elderly (PACE); this program was implemented in 2008 and was the first rural PACE program in the nation. Together these programs provided home and community-based services to over 15,000 Arkansans in state fiscal year 2011. DAAS also operates the state's Money Follows the Person program; to date, 247 Arkansans have transitioned from institutions to community settings under this program.

The state's Choices in Living ADRC is operated by DAAS and received over 6,100 calls in state fiscal year 2012. Act 516 of 2007 created Options Counseling, a program administered by DAAS. The Options Counseling program requires nursing facilities and Level II Assisted Living Facilities to offer newly admitted residents and residents applying for Medicaid the opportunity to receive counseling regarding long-term care options that include alternatives to facility placement. DAAS also serves as the Local Contact Agency for the MDS Section Q referrals.

The Division of Developmental Disabilities Services (DDS) is responsible for the overall coordination of services for Arkansans with developmental disabilities and is the designated operating agency responsible for day-to-day operations for Alternative Community Services (ACS), a 1915(c) waiver that serves a limited number (4,100 in state fiscal year 2012) of adults and children with developmental and intellectual disabilities. Under this Medicaid waiver, individuals may receive services such as Case Management, Waiver Coordination, Supported Living Services, Non-Medical Transportation, Adaptive Equipment, Environmental Modifications, Supplemental Support Services, Consultation Services, and Crisis Intervention Services, through DDS licensed community providers. DDS has expanded the capacity of the ACS waiver by 65% in the past 10 years from 2,500 program slots in 2002 to 4,100 program slots in 2012. At the same time, DDS has lowered the public ICF average census by 15% in the last 10 years with more individuals being served in community-based settings. The ACS waiver currently has a waiting list of approximately 2,200 individuals. In addition to HCBS provided through the ACS waiver, DDS also provides a wide range of community-based services through contracts with licensed and certified provider agencies. Services available through these Community Services Programs, paid with non-Medicaid contract dollars, include: adaptive equipment; developmental evaluation and therapy; family and individual support; occupational therapy; physical therapy; speech evaluation and therapy; and work activity. Other services available through DDS include Medicaid reimbursed Developmental Day Treatment Services (DDTCS), which provides services to pre-school age children and adults in a clinic setting on an out-patient basis.

The Division of Behavioral Health Services (DBHS) is responsible for ensuring the provision of public behavioral health services, including mental health and substance abuse prevention, treatment, and recovery services throughout the State of Arkansas. One way that DBHS facilitates service delivery is through contracts with local, private non-profit Community Mental Health Centers (CMHCs), with DBHS providing administrative oversight for the services provided through the CMHCs. Many of the behavioral health services in Arkansas are provided under the Medicaid Rehabilitation Services for Persons with Mental Illness (RSPMI) program. DBHS oversees the certification process for these providers statewide. DBHS also has partnered with the Division of Medical Services in order to certify and reimburse providers for substance abuse services for adolescents and pregnant women in an outpatient setting. DBHS facilitates the distribution and provides oversight of state and federal funding for behavioral health programs throughout the state.

While HCBS options for Arkansans with behavioral health needs have not grown at the same pace as HCBS options for older adults and individuals with physical, intellectual and developmental disabilities, work is under way to improve community supports for this population. In an effort to support transitions out of residential treatment centers (RTC) and to maintain children in the community, Arkansas DHS launched a cross-divisional System of Care initiative in 2007; one result of this initiative is the development of Wraparound Projects. These community focused projects provide services and supports to children/youth with severe to moderate behavioral health care needs and their families. Person centered plans are developed to identify non-traditional supports such as respite, mentoring and tutoring. In state fiscal year 2012, 1,707 children were served by Wraparound Projects.

In addition to these enhancements in available HCBS, the state is currently exploring the possibility of submitting a 1915(i) state plan amendment as a mechanism for enhancing access to home and community-based services for individuals with mental illness.

The Division of County Operations (DCO) also plays an important role in the state's publicly funded long-term care system. DCO operates offices in each of the state's 75 counties and has primary responsibility for determining financial eligibility for a wide range of social service programs, including Medicaid funded long-term services and supports.

**Current Processes for Information and Referral and Eligibility Determination:**

Currently, there are challenges for consumers seeking access to Arkansas's system of publicly funded long-term services and supports. Although DHS has an ADRC that provides valuable information to consumers, often providers of services are the primary source of assistance to consumers in need of long-term care services. Arkansas's current LTSS application and eligibility process requires consumers to make choices about setting of care prior to applying, and once they do apply, they must apply for specific programs. The current processes for information and referral and eligibility determination are described below.

**DAAS:**

As mentioned, DAAS operates the Choices in Living ADRC. This resource center has a physical location, but is also accessible by a statewide toll-free number and website. The ADRC primarily focuses on serving individuals with physical disabilities and older adults, but also makes referrals to other DHS divisions when callers request assistance with developmental disabilities or mental health needs. The ADRC provides Options Counseling to individuals and families to ensure that consumers are aware of the various services available to assist with their long-term care needs. In addition to providing information and assistance, the ADRC conducts a pre-screen to help determine whether an individual will likely be financially and medically eligible for services offered through Medicaid. In cases where it appears that the individual is likely eligible for Medicaid funded services, the Resource Center provides the individual with information on the application process which originates through their local County Office for establishing financial eligibility and then the eligibility worker at the County Office begins the process of establishing medical eligibility by making a referral to the DAAS employed RNs to visit the individual and complete a functional assessment. After conducting a face- to-face functional assessment, the DAAS RN makes a recommendation on whether the individual meets the nursing home admission criteria to the DMS Office of Long-Term Care (OLTC). OLTC determines whether the medical eligibility criteria have been met. The level of care determination is communicated to the Division of County Operations (DCO), the entity responsible for determining financial eligibility and, once both financial and medical eligibility have been determined, the individual will be assigned a Medicaid ID number by DCO and enrolled in services.

**DDS:**

DDS has a team of intake and referral specialists (I&R specialists) who serve both children and adults in two sections of DDS, Quality Assurance and Children's Services. The I & R specialists provide information on options available to individuals with developmental and intellectual disabilities; they also refer individuals to appropriate services regardless of where they start the eligibility process, ensuring there is "no wrong door" in the eligibility process. DDS I&R make an initial determination of likely eligibility, coordinate the application process, and refer the application packet to DDS Psychology Team for final clinical eligibility determination.

**DBHS:**

Consumers of behavioral health are able to seek services through several avenues. Children and families may start with their PCP and might be referred to a local CMHC or RSPMI Provider for services. The children and families may also seek treatment at a provider of choice and then request a PCP referral if services are to be reimbursed through RSPMI. Adult consumers may also be referred through their PCPs, however, a referral is not required for Adults to receive reimbursed care in the RSPMI system. The Community Mental Health Centers (CMHCs) are considered the single point of entry for assessment of those consumers who do not receive Medicaid or have a payer source. The CMHCs are located statewide and also are the single point of entry for screening for acute level of care for adults. The providers make recommendations to determine the provision of services, while the Division of County Operations (DCO) determines financial eligibility for each client for Medicaid- funded behavioral health services.

**Adoption of Core Standardized Assessments:**

Arkansas recognizes the benefits of a standardized, automated assessment process, both for consumers and for state policymakers. Use of a standard assessment process will objectively assess consumers' needs and will inform the development of individual service plans to meet those needs. An automated standardized assessment process will determine an individual's level of need and align that need with the most appropriate level of services in the least restrictive setting of care. One of Arkansas's strengths is the recent progress the state has made toward implementing automated standardized assessment instruments for individuals with LTSS needs. For adults with physical disabilities, older adults and adults with developmental disabilities, Arkansas plans to use interRAI instruments as the basis of its core standardized assessment. The interRAI Home Care (HC) assessment system will be used for older adults and individuals with physical disabilities; the interRAI Intellectual Disability assessment system (ID and CHY-DD) will be used to assess Arkansans with developmental and intellectual disabilities. Additionally, the interRAI Community Mental Health Instrument will be used as the assessment for individuals with behavioral health needs.



The various Divisions involved in providing LTSS within the Department of Human Services are in different stages in their implementation of core standardized assessment instruments. The Division of Developmental Disabilities Services plans to go live with statewide use of the automated interRAI ID tool in November 2012; the Division of Aging and Adult Services plans to go live statewide with use of the automated interRAI HC tool beginning January 1, 2013. The Division of Behavioral Health Services is in a beginning phase of this process and is planning to use the interRAI Community Mental Health Instrument.

**Description of Existing Case Management System:**

In Arkansas, a variety of agencies are responsible for different elements of case management for the various populations with long-term care needs. These arrangements have often resulted from the historical evolution of categorical programs, and this has contributed to a lack of coordination and communication regarding specific participant needs.

Arkansas is currently engaged in a number of innovative initiatives aimed at enhancing client choice, improving care coordination and achieving better health outcomes. These initiatives will be described in greater detail following a description of the current processes of providing case management for older adults, individuals with physical disabilities, individuals with developmental and intellectual disabilities, and individuals with behavioral health needs.

Currently, targeted case management services through the Title XIX state plan are provided to Medicaid eligible individuals who are age 60 and older. Individuals with physical disabilities participating in the 1915(c) waiver program receive case management services through a waiver service called counseling support management. Individuals with developmental disabilities also receive case management services through their 1915(c) waiver program. For the Behavioral Health population, targeted case management is not currently offered. However, a state plan amendment is being drafted to add case management services to that population. For the elderly, individuals with physical disabilities and individuals with developmental disabilities, DDS staff determines functional eligibility, so there is no conflict that would result from direct service providers conducting assessments and making eligibility determination decisions for individuals for whom they provide direct services. With respect to DAAS case management services, state staff completes the initial plan of care and maintain ultimate authority over the plan of care in order to retain control over funding levels, protect freedom of choice, and to retain budgetary oversight. However, a direct care provider can provide case management services for a consumer. For DDS, the case manager is responsible for care plan development. Currently, there are no independence requirements for DDS case managers. The case manager may be contracted with or an employee of a DD direct service provider. However, DDS is implementing several measures to remove or minimize conflict from case management as it exists today. One of these measures is implementing an independent universal assessment which will be used to determine each individual's level of need and ultimately each person's budget level. DDS is looking at its choice, complaint investigation, and ombudsman processes to be certain that consumers have opportunities to resolve any issues with case management. Arkansas is also implementing Healthcare Payment Improvement Initiative, which changes the current fee for service payment model to a bundled payment approach for episodes of care. DD services will be one of the first bundles to be implemented. The level of payment for DD episode will be determined based on independent assessment.

Under the existing system, case managers can be providers of direct services. Arkansas understands the need for conflict-free case management and will develop a plan to review compliance and implement a conflict-free case management system, for targeted groups within these populations by the end of the BIP grant period. The state will work to identify existing conflicts, identify barriers and develop strategies and mitigating measures to address conflicts. Planning is currently under way to identify and eliminate existing conflicts. In an earlier Targeted Case Management state plan submission, CMS approved the definition below for case management; this definition will serve as the beginning point in our planning efforts to implement conflict-free case management:

**CMS approved conflict-free definition that Arkansas is planning to implement to meet BIP requirement for conflict-free case management:**

Targeted Case Management (TCM) represents conflict-free case management. Agencies providing TCM are prohibited from providing other direct care in-home services (waiver and/or state plan) to individuals. Case management providers are organizations not related to any direct care in-home service provider for the targeted populations.

A related organization (includes individuals, partnerships, corporations, etc.) where the provider is associated or affiliated with, has common ownership, control or common board members, or has control of or is controlled by the organization furnishing the services, facilities or supplies. Common ownership exists when an entity, individual or individuals possess 5% or more ownership or equity in the provider and the institution or organization serving the provider. Control exists where an individual or an organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of an organization or institution.

**Other Plans to Prevent or Mitigate Conflict:**

Arkansas will review its current case management system and will enhance the protections in place to prevent conflicts of interest in the provision of case management services and further promote and protect an individual's freedom of choice not only initially, but on an on-going basis.

Arkansas will review and amend state regulations, as needed, to protect against self-referral and to ensure that case management services are provided free of conflict to each LTSS population based upon the evolution and development of ongoing work to transform service delivery models as a part of AHCPH. AHCPH contains payment incentives that promote quality care and enhance care coordination through a health home model. In addition to reforms under AHCPH, Arkansas is planning to implement the CMS approved definition for targeted case management whether the service is ultimately provided through the state plan or through a waiver. If through the process of securing conflict-free case management services, there is no other willing provider of case management services for the population to be served other than an entity also providing direct care services, firewalls and mitigating measures will be adopted to protect consumer preferences, ensure that services are provided as authorized and that a person-centered approach is used. The state plans to make every effort to secure conflict-free case management statewide.

### **Other Strengths:**

#### **Broader System Transformation Initiatives Complement BIP objectives:**

As mentioned, Arkansas is currently working to transform the way that it pays for health care through the Arkansas Health Care Payment Improvement Initiative. Additionally, the state is considering a number of opportunities to improve access to home and community based services; health homes are currently under development and the Community First Choice and 1915(i) options are being explored. These efforts are complementary to the goals of BIP and, together, these broad efforts will help the state build a health care system with enhanced personal choice, improved client experiences and better health outcomes. It will also support cost reduction resulting from alignment of an individual's treatment needs with the appropriate level and setting of care and elimination of unnecessary spending due to improved care coordination.

#### **Stakeholder Involvement:**

Arkansas has a committed corps of stakeholders that have been involved in the state's ongoing efforts to improve the balance of its long-term care system. In 2009, the state created a Balancing Advisory Group, comprised of consumers, advocates and providers to assist the state in its long-term care balancing efforts. In addition to this group, a Community First Choice Planning and Implementation Council has been formed. Outreach and stakeholder engagement activities have also been an integral component of the AHCPH; the state is currently in the process of developing the LTSS and Behavioral Health episodes and a stakeholder group has formed to provide feedback and input on episode design.

Additionally, DAAS has convened a Task Force regarding the Aging and Disability Resource Center (ADRC) that will involve a wide array of agencies and organizations to develop a plan to help achieve BIP's NWD approach. The Task Force will involve a collaborative process for expanding ADRC coverage including stakeholder engagement and new partnership development strategies.

### **C. NWD/SEP Agency Partners & Roles:**

The Division of Medical Services (DMS), Division of Aging and Adult Services (DAAS), Division of Developmental Disabilities Services (DDS), Division of Behavioral Health Services (DBHS) and the Division of County Operations are all part of the Arkansas Department of Human Services (DHS). Each of these divisions within DHS will all serve as NWD/SEP partners and will have varying roles in the BIP initiative.

DMS is the state Medicaid agency and provides full oversight of all Medicaid functions. DMS's key role in the NWD/SEP will be to provide oversight of BIP implementation activities, including policy development, financial authority and quality management strategies.

DAAS is the designated state unit on aging, providing leadership and oversight to the eight regional Area Agencies on Aging in Arkansas and administering funding appropriations from the Older Americans Act. DAAS is the operating agency for three 1915(c) waivers for the elderly and individuals with physical disabilities (i.e. ElderChoices, Alternatives for Adults with Physical Disabilities and Living Choices Assisted Living Facility). DAAS is also the operating agency of a PACE program and a 1915(j) Cash and Counseling program called IndependentChoices. DAAS works closely with external partners like the Area Agencies on

Aging and the Centers for Independent Living who assists individuals with navigating the LTSS system, applying for benefits and accessing services.

**DAAS's key roles in the NWD/SEP system will include:**

- Administering the ADRC—DAAS sees the ADRC as being an integral part of rebalancing LTSS in Arkansas. Besides continuing to provide information and referral through telephone contact and the web, the ADRC will be one “door” for screening applicants for eligibility and beginning the application process for people who are aging and who have physical disabilities.
- Administering the A+ program—The A+ program works closely with the ADRC and MFP staff to provide statewide face-to-face options counseling to individuals in facilities who are interested in transitioning and assisting these individuals with transitioning to the community. By working closely with financial eligibility workers in the county offices, A+ also helps HCBS waiver applicants in need of assistance with the application process to gather required documentation.
- Administering MFP
- Performing functional eligibility assessments for individuals in the DAAS administered LTSS programs

DDS is responsible for the overall coordination of services for Arkansans with developmental disabilities. DDS operates the Division's 1915 (c) Home and Community based Waiver Services, known as Alternative Community Services, operates intake and referral units for both children and adults, operates the First Connections (IDEA Part C) program, oversees five state-operated Intermediate Care Facilities for Person with Intellectual Disabilities (ICF/IID), and monitors the quality of community services. DDS determines clinical and financial eligibility for Alternative Community Services.

**DDS's key roles in the NWD/SEP system will include:**

- DDS will be an equal partner in operating, administering and providing support for the NWD/SEP process in DHS. Individuals seeking developmental disability services will be screened by the Division's Intake and Referral Units and those who are determined likely to be eligible for ID/DD services will proceed through the application and eligibility process. DDS will provide assistance to the individual as they navigate through the process from eligibility to assessment to enrollment in services.

DBHS is responsible for ensuring the provision of public behavioral health services, including mental health and substance abuse prevention, treatment, and recovery services throughout the State of Arkansas. The Division supports, certifies, licenses, and funds behavioral health providers throughout the state. In addition, the DBHS operates two behavioral health institutions -- the Arkansas State Hospital located in Little Rock and the Arkansas Health Center in Benton.

DCO provides leadership and support for 83 DHS County Offices in the 75 Arkansas counties. DCO is responsible for determining financial eligibility for LTSS Medicaid programs as well as the certification of eligibility.

**DCO's key roles in the NWD/SEP system will include:**

- Determining Medicaid financial eligibility
- Accepting and processing the formal application for LTSS
- Providing education and assistance to consumers at the local level
- Note: DHS is in the process of moving financial eligibility functions for nursing facilities, DAAS waivers, PACE, and ICF/IID to DAAS and DDS.

The partnership between these agencies is already strong since all are Divisions within DHS. The coordination, communication and cooperation between divisions will be enhanced in order to create a more streamlined consumer experience, while protecting the integrity of the programs and assuring compliance with both federal and state regulations. Additionally, plans to research CFCO will increase cross-divisional collaboration and should result in a seamless entry to LTSS for Arkansans.

#### **D. NWD/SEP Person Flow:**

Arkansans in need of LTSS will be able to acquire information and start the application process through three different doors:

1. Online through [access.arkansas.gov](https://access.arkansas.gov)
2. Calling the Division that serves a specific population
3. Calling the Choices in Living ADRC
4. In person at the local DHS County Offices

Regardless of which door the individual first enters, a pre-screen will be conducted by a person assigned to Intake and Referral. The pre-screen is a short list of functional, diagnosis, age, and financial questions to determine if the individual may be eligible for a Medicaid program. The screening tool is designed so that individuals will not be erroneously disqualified. If the individual is not eligible based on the screen, the individual will be assisted by the Intake and Referral specialist and referred to non-Medicaid programs for which the individual may qualify.

If it appears that an individual may be eligible for a Medicaid program, the individual will be assisted to complete and submit an application. The application will be submitted to divisional staff responsible for clinical and financial eligibility. For DAAS, the individual will be simultaneously referred to an assessor who will determine functional eligibility. For DAAS, the financial and functional determinations will be performed simultaneously by DAAS eligibility workers, with communication between staff. For DAAS, if at any point it is determined that the individual is not eligible either financially or medically/functionally, the process will

stop and the individual will be referred to the ADRC for assistance and referral to non-Medicaid programs for which the individual may qualify. For DDS, clinical eligibility will be determined first, by the DDS Psychology Team. If clinically eligible, the individual will be referred for a financial eligibility determination, which will be determined by eligibility workers, located in county offices.

If the individual is found to be both financially and medically/functionally eligible for Medicaid services, the individual and their family members will be provided information on all long term care options and the individual will be able to choose, which services will best meet their needs. The individual will be assisted to choose where and when to receive the services. The individual will then be enrolled in the appropriate Medicaid long term service program. DAAS is developing a process to address those individuals transferring from nursing homes and those who are continuing a stay within a nursing home. DAAS is exploring which interRAI tool (the MDS-NH or the iHC) will be used. DDS is using the interRAI ID assessment instrument for adults and the ChYMH-DD instrument for school-aged children. No decision has been made concerning an assessment instrument for pre-school children.

### **E. NWD/SEP Data Flow:**

Currently within DHS, eligibility data is tracked using a variety of forms and systems; many of these processes are manual. For DAAS-operated HCBS programs and state plan personal care, medical eligibility information is collected using DHS 703 and 618 forms. For the DAAS Medicaid 1915 (c) waivers, medical eligibility and level of care determinations are recorded by OLTC staff on the 704 form and then keyed into the state's ACES (Arkansas Client Eligibility System). For DDS, clinical eligibility is determined by the DDS Psychology Team. Level of care determinations are recorded by DDS staff on the 704 form and keyed into the state's ACES (Arkansas Client Eligibility System).

For DAAS, financial eligibility information is collected using a paper-based application, which can be submitted to DCO offices via mail or in person. Once a final financial eligibility determination decision is made, DCO staff key the determination into the ANSWER system. OLTC, DCO and DAAS staff communicates about the status of the two eligibility determinations (medical and financial) by emailing updates via the 3330 form. OLTC keys final functional eligibility determination information into the state's ACES system. For DDS, the Medicaid Income Eligibility Unit determines financial eligibility and keys the determination into the ANSWER system.

DHS is currently working on the process for collecting medical eligibility information for populations served by DDS, DAAS and DBHS through the use of automated assessments tools; this data will be stored on DHS housed servers. DDS began assessments in late 2012. DAAS will go-live with automated assessments in early 2013. The system will be integrated with the ANSWER system, to allow improved tracking of the medical and financial sides of the eligibility determination process.

## **F. Potential Automation of Initial Assessment:**

Arkansas plans to add a pre-screen to each No Wrong Door point of entry into the state's long term care system. Arkansas plans to make a web-based pre-screen available via Access Arkansas, from each Division, and from the Choices in Living ADRC website. Additionally, consumers whose initial point of access is through a DCO County Office will be referred to the online versions of the pre-screen tools. The state is considering the use of a kiosk system in the county offices so that consumers would have immediate access to the web-based pre-screens. Individuals without the abilities to complete the pre-screen tools online may call the ADRC or the specific Division so that Intake and Referral staff can assist. It is the intent that with the automation of the Level I screen, the data collected will populate the Level II screen-.

DAAS is working to finalize a pre-screen based on a subset of items from the interRAI home care tool. An algorithm has been developed by researchers from the University of Michigan that will be used to determine via the pre-screen whether an individual is likely eligible for Medicaid funded LTSS. This pre-screen will be available via the ADRC website as mentioned; the pre-screen is also a component of DAAS's larger core standardized assessment system (called ArPath). DDS is developing a prescreen tool for individuals with developmental disabilities using items from the interRAI tools for people with developmental disabilities.

The state will explore implementing a pre-screen process, similar to that discussed above, for individuals with behavioral health needs.

Currently, Arkansans are able to complete a pre-screen from DHS's Access Arkansas website. This website asks a series of questions to help determine likelihood of eligibility for a wide variety of publicly funded services. Once the Access Arkansas pre-screen has been completed, individuals can complete an online application for certain programs; for other programs, including the long term care programs, individuals are referred to the specific DHS Divisions that provide long term care services for further assistance and information

## **G. Potential Automation of CSA:**

Arkansas is currently in the process of automating interRAI assessment tools for three populations with LTSS needs. DAAS is working to automate the interRAI home care tool. This process is currently underway. DDS will be using the interRAI ID tool and is working to automate the interRAI ID assessment. DDS began assessments November 2012. DAAS began assessments April 2013. DAAS will electronically collect real-time functional assessment data that will be used to determine eligibility for Medicaid-funded LTSS available through three 1915(c) waivers - DAAS's ElderChoices waiver, Alternatives for Adults with Physical Disabilities and Living Choices Assisted Living waiver. Additionally, the state is planning to use the interRAI home care tool to determine eligibility for state- plan self-directed personal care services available through the state's IndependentChoices and the PACE program. In addition to the core standardized assessment component, DAAS is including additional components in the automated software system, including care planning components.



Starting in November, the Division of Developmental Disabilities Services (DDS) began assessments of all adults receiving DDS Waiver services as well as of those adults residing in public and private Intermediate Care Facilities (ICF/IID). The assessments should be completed by October 31, 2013.

Pine Bluff Psychological Associates (PBPA) has contracted with Qualified Developmental Disability Professionals (QDDPs) to conduct the assessments for DDS. The assessors will use the InterRAI ID, an instrument designed specifically for people with developmental disabilities. The assessment will take 2 to 3 hours.

DDS will use the information from the assessments to determine the level of need for each person receiving DDS services. By combining the assessment information with current cost information, DDS will be able to set new reimbursement rates based on reliable, independently gathered information about each person's needs.

The Division of Behavioral Health Services (DBHS) will also use an InterRAI tool from the InterRAI suite. However, the development of this tool is in the infancy stages. DBHS is currently working with the University of Michigan to complete the development stage, which will be followed by a validation process. Upon completion of development and validation process, an independent assessment entity will be selected, through an RFP process, to administer the assessments.

Some of the benefits of this new assessment system include:

- Information from the assessment can be used for better care planning for each person.
- Independent assessors are objective and unbiased.
- DDS will have an objective method of linking service need and plan costs.
- Using one assessment instrument makes the transfer of information easier and more reliable when people change providers or services.
- The computer-based entry system allows information to be analyzed for better decision-making and planning on a statewide level.
- Having reliable and consistent information about people served by DDS will enhance DDS's and Provider's ability to improve quality of services.

#### **H. Incorporation of CSA in the Eligibility Determination Process:**

Arkansas does not currently use a single core standardized assessment across LTSS populations. Currently, a variety of paper assessment forms are completed to determine eligibility. The DHS-703 form is used to determine whether an individual meets nursing home medical criteria for admission. DDS uses additional diagnostic and psychological documentation for eligibility. A separate paper-based assessment form, the DHS-618, is used to determine functional eligibility for personal care services.

The state plans to continue to use separate, population specific tools. As mentioned two Divisions (DAAS and DDS) are currently automating interRAI tools, with another (DBHS) in the process of developing a suitable InterRAI tool. One of the strengths of the interRAI tools is that they are all a part of the interRAI



“suite” and have numerous core items that cross LTSS populations. DAAS will use information collected during the assessment with the iHC tool to inform an algorithm that will determine medical eligibility. DDS is currently in the process of automating the interRAI ID tool.

Arkansas will ensure that all BIP required data elements are collected. For certain populations, including children with special health care needs and individuals with behavioral health needs, the InterRAI tool being developed will capture all of the data elements required under BIP.

### **I. Staff Qualifications and Training:**

The core standardized assessment instruments will be administered by independent, qualified entities that have received comprehensive training on the assessment instruments. More specifically, the interRAI Home Care (iHC) instrument will be administered by licensed, registered state employed nurses who have successfully completed a week-long training that includes modules on system administration; clinical applications; and policy/procedure updates. DDS, through a competitive RFP bid process, selected an independent entity, Pine Bluff Psychological Associates, to conduct the interRAI ID tool for all DDS consumers. In order to meet the qualifications to administer the ID tool, assessors are required to have at least one year of experience working directly with persons with intellectual or physical disabilities; and to hold one of the following certifications: a doctor of medicine or osteopathy; a registered nurse; or a bachelor’s degree in a human services field including, but not limited to: sociology, special education, rehabilitation counseling, or psychology.

Arkansas is committed to using independent assessment entities; as a part of the implementation of the core standardized assessment instrument for DBHS an independent entity will be selected to administer the selected assessment tool. The standardized assessments will be conducted by licensed mental health practitioners. Licensed substance abuse counselors may also qualify to be credentialed to perform the assessments. DBHS is currently exploring specific training and certification requirements for those professionals that would be providing the assessment services.

### **J. Location of Single Entry Point (NWD/SEP) agencies:**

Arkansas has a statewide network of physical locations that can serve as SEP agencies through its Division of County Operations (DCO). DCO has at least one physical location in each of the state’s 75 counties and these locations are accessible to older adults and individuals with disabilities. DCO and the Choices in Living ADRC will coordinate with all DHS Divisions involved in the state’s publicly funded LTSS system to ensure that each county office has comprehensive information about available LTSS options and that uniform and standardized process for providing information and referrals are used.

DHS is exploring the possibility of developing a kiosk computer system for consumer use in the county offices. The kiosk would allow consumers the opportunity to complete the LTSS pre-screen and would allow consumers to use the Access Arkansas system.

## K. Outreach and Advertising:

Arkansas will use a variety of methods to advertise the NWD/SEP system in order to establish it as the “go to system” for community LTSS in the state. The Choices in Living Resource Center number and website will be promoted through printed materials, including flyers and brochures. A marketing and advertising plan will be created to provide information on available community LTSS. Additionally, information on home and community-based LTSS options will be prominently displayed at each county office location. The state will also enhance provider engagement efforts, including increasing outreach activities targeted toward hospitals and physicians, to increase awareness of HCBS options.

## L. Funding Plan:

Arkansas has decided to use funds received through BIP to support the cost of implementing BIP structural changes in addition to adding new and enhanced home and community based services.

The state will use BIP funds to enhance current systems and develop new innovative systems to implement the requirements of the BIP grant. BIP funds will be used to make enhancements to the development of the LTSS eligibility and enrollment (E&E) system so that the NWD/SEP system will be effectively developed. The potential enhancements to the E&E system will be closely coordinated with current efforts to improve the E&E system in preparation for changes required by the Affordable Care Act.

The state will also use BIP funds to meet the No Wrong Door/Single Entry Point (SEP) requirements by enhancing the capacity of the state’s *Choices in Living Resource Center* so that Arkansans will have the information they need to make setting of care decisions with an understanding of the full array of available LTSS.

Additionally, BIP funds will be used to support AHCPH implementation of core-standardized assessment (CSA) system. Improving care coordination is a key component of the LTSS rebalancing efforts. As such, BIP funds will also be used to develop a plan to review compliance and implement a conflict-free case management system, in conjunction with researching the health home model, by the end of the BIP grant period.

## M. Challenges and Barriers to Rebalancing:

Arkansas’s current LTSS system remains heavily vested in institutional care, with 60% of all Medicaid LTSS dollars funding institutional care and the remaining 40% funding community-based LTSS options. Arkansas’s current nursing home reimbursement methodology does not vary according to an individual’s level of service needs. In the current system, eligibility and budgeting decisions are not always reflective of client needs; consequentially, Arkansas has a high prevalence of low acuity rates among nursing home residents, according to available data from the MDS. This suggests that some of these individuals might be effectively served in less restrictive settings at a lower cost. Conversely, institutional providers are not compensated (directly) for the added resources associated with caring for the highest needs residents. As a part of AHCPH, Arkansas plans to implement a case-mix reimbursement system for the full continuum of LTSS to better align payment, individual needs, setting of care and outcomes.

**Access challenges:** Arkansans have encountered challenges in accessing needed community LTSS. As mentioned, the Alternative Community Services waiver for individuals with intellectual disabilities has a lengthy waiting list. Access to home and community-based services for the behavioral health population in Arkansas has been a challenge. Arkansas is exploring a number of initiatives, including 1915(i) and CFCO, which, if implemented, would expand access to HCBS.

**Care coordination/case management challenges:** Currently, a variety of agencies are responsible for different elements of case management. Providing effective, standardized and consistent case management has been a challenge. This system has contributed to a lack of coordination and communication regarding specific participant needs. Arkansas recognizes these challenges and is committed to strengthening its case management via the BIP conflict-free case management requirement and through the research of health homes.

**Eligibility barriers:** Long-term care eligibility is one of the most difficult and complicated areas of Medicaid eligibility determination. Arkansas has historically relied on paper-based communication processes between the different entities that play a part in the long-term care eligibility determination process. This is one reason that the eligibility determination process is lengthy. Arkansas is currently working to upgrade its Eligibility & Enrollment systems and is adopting automated assessment systems that will determine medical/functional eligibility for LTSS. These systems will enhance communication processes between the DHS Divisions involved in the LTSS eligibility determination process and should decrease the time that it takes for an eligibility determination to be made and communicated.

**LTSS Organizational Structure:** As mentioned, responsibility for the state's system of publicly funded LTSS rests with a number of different Divisions within the state's Department of Human Services. Funding, policy and program oversight and assessment and eligibility determination are fragmented between separate divisions of DHS. Historically, this organizational structure has been a barrier to rebalancing efforts. However, DHS is currently working on a transition plan to move the financial eligibility functions for both nursing homes and the DAAS administered LTSS programs from DCO to DAAS. This will bring the functions of both financial and medical/functional under the same division. The department will monitor this transition to confirm the move has improved communication and processes for determining all facets of eligibility.

## **N. NWD/SEP's Effect on Rebalancing:**

Improved information regarding LTSS options and enhanced support making choices will lead to consumers and their families being better informed about all LTSS options. The NWD system will ensure that consumers have access to all options, regardless of their first point of entry into the LTSS system. Enhanced information regarding available LTSS options will help the state achieve its BIP rebalancing goal.

## **O. Other Balancing Initiatives:**

Arkansas is currently working to design and implement an innovative multi-payer model, the Arkansas Health Care Payment Improvement Initiative (AHCPII). Innovation in payment will be a core component of

the approach to improving the balance of the state's publicly funded LTSS system. Assessment based episodes will be created to determine eligibility and budgeting for LTSS.

The state is also researching the design of an intensive care coordination model, health homes, established under § 2703 of the Affordable Care Act. The state is researching various types and levels of case management that will improve the quality and consistency of care coordination.

The Community First Choice Option and the 1915(i) options are also being pursued as ways of providing new and enhanced community-based LTSS.

Together these new options, along with existing programs and services such as MFP and the ADRC, will help the state reach its 50/50 expenditure balancing goals and build a balanced LTSS system with enhanced personal choice, improved client experiences and better health outcomes.

**P. Technical Assistance:**

Arkansas anticipates a need for technical assistance in developing policies and quality management strategies for many of these programs. Technical Assistance will be requested as the state progresses toward designing these models for serving the LTSS populations.

## Proposed Budget:

In March of 2013, Arkansas was awarded \$61.2 million in BIP enhanced FMAP funding through September 30, 2015. Over the last several months, Arkansas Medicaid has met with internal and external stakeholders to discuss the use of Balancing Incentive Program funding. Arkansas plans to maximize BIP funding to add new and enhance home and community based services to achieve a balance of the state's system of long-term services and supports system.

Arkansas proposes to invest the BIP savings into enhancing its LTSS system and is developing several new initiatives, including health homes, the 1915(i) and CFC options that will expand access to home and community-based services.

Additionally, the state will also use BIP funds to make enhancement to the LTSS eligibility and enrollment (E&E) system and the ADRC, *Choices in Living Resource Center*, to develop an effective NWD/SEP system. BIP funds will also be used to support AHCPH implementation of core-standardized assessment (CSA) system, and develop a conflict free case management system.

Please see below and [Appendix L](#) for a brief description explaining how Arkansas intends to implement BIP's structural requirements and improve access to available HCBS by providing additional or enhanced services.

## Funding to Support Required BIP Structural Changes:

- **Conflict-Free Case Management**

\$8.4 million in BIP funding will support the development of state-wide conflict-free case management services for LTSS populations. Arkansas plans to issue a request for proposal (RFP) for enhanced and conflict-free case management this summer.

- **Development and Implementation of Level 1 Screen and Core Standardized Assessment**

Approximately \$12 million in BIP funding will support the development and implementation of the Level 1 Screen and Core Standardized Assessment tool for LTSS populations. Of this amount, approximately \$1.5 million will support analysis and algorithm development; \$11.5 million will fund the execution of LTSS assessments; and \$2 million will fund training costs of assessment staff or vendors.

- **Enhancements to the NWD/SEP System:**

\$800,000 is budgeted for stakeholder engagement, outreach and advertising efforts to promote HCBS alternatives to institutional care and to advertise the NWD/SEP as the entry process for information and access to long-term services and supports. Additionally, a projected \$2.6 million in BIP funding will be used to develop an automated care management system.

## **New or Enhanced HCBS offerings:**

### **Community First Choice -**

Arkansas plans to launch Community First Choice on July 1, 2014. We currently plan to dedicate a portion of the BIP funding to support this additional home-and-community based option for individuals with long-term service and support needs.

### **Health Homes –**

The aim of health homes is to provide extra support for people who need an increased level of care coordination or face greater challenges in navigating the health care system, such as people with developmental disabilities, mental health issues and those living in long-term care facilities. A health home promotes high-quality care, an improved patient experience and more efficient care. Providers will be responsible for proactively considering the needs of their patients or clients, independent of whether they are seeking care, and will receive incentives for promoting wellness and achieving health outcomes. Health homes will serve not as gatekeepers for medical care, but rather as a hub from which the patient may connect with the full array of providers who together form the patient's health services team. This component of the payment initiative is expected to be launched in 2013.

Health Homes represent a new opportunity for home and community based services for Arkansans with

LTSS needs. Approximately \$9,500,000 in BIP funds is projected to support Health Homes.

### **Behavioral health transformation efforts – 1915(i) –**

Arkansas plans to spend approximately \$10.5 million in BIP funding to support the state's behavioral health transformation effort, including the development and implementation of 1915(i) services as a new HCBS for Arkansans with behavior health needs. The Department of Human Services, Division of Medical Services (DMS) seeks to support effective Behavioral Health system transformation to achieve the following goals:

Rebalance existing high cost, behavioral health services with evidence-based services and supports that create long-term cost efficiency;

- Align the Medicaid Alternative Benefits Plan with Arkansas's Essential Health Benefits Plan (QualChoice Federal Plan Mental Health and Substance Abuse Benefits) for the expansion population; and

- Achieve mental health parity in Medicaid.
- Re-examining the existing Rehabilitative Services for Persons with Mental Illness (RSPMI) program and other services to better define and utilize the rehabilitative option of our state plan.
- Offer basic “traditional” clinic services already in existence in the Licensed Mental Health Practitioner program to the adult (Age 21 and Over) population and to ARKidsB children and youth.
- Revise the current School Based Mental Health service array, remove current prior authorization processes for the core clinical services provided under this program, and discuss a potential rate increase.
- Offer the Substance Abuse Treatment Services program to include beneficiaries of all ages.



## Work Plan Template:

### GENERAL NWD/SEP STRUCTURE

1. All individuals receive standardized information and experience the same eligibility determination and enrollment processes.

| Major Objective / Interim Tasks   | Suggested Due Date (from time of Work Plan submission)* | Lead Person               | Status of Task | Deliverables                 |
|---|---|---------------------------|----------------|------------------------------|
| 1.1. Develop standardized informational materials that NWD/SEPs provide to individuals            | 3 months<br>August 27, 2013                             | Susie Keesling & BIP team | In progress    | Informational materials      |
| 1.2. Train all participating agencies/staff on eligibility determination and enrollment processes | 18 months<br>November 27, 2014                          | Susie Keesling & BIP team | Not Started    | Training agenda and schedule |

2. A single eligibility coordinator, "case management system," or other wise coordinated process guides the individual through the entire functional and financial eligibility determination process. Functional and financial assessment data or results are accessible to NWD/SEP staff so that eligibility determination and access to services can occur in a timely fashion. *(The timing below corresponds to a system with an automated Level I screen, an automated Level II assessment and an automated case management system. NWD/SEP systems based on paper processes should require less time to put into place.)*

| Major Objective / Interim Tasks            | Suggested Due Date (from time of Work Plan submission)* | Lead Person | Status of Task | Deliverables  |
|--|---|-------------|----------------|---|
| 2.1. Design system (initial overview)      | Submitted with Work Plan                                | BIP team    | Completed      | Description of the system<br><a href="#">Appendix A</a> |
| 2.2. Design system (final detailed design) | 6 months<br>November 27, 2013                           | BIP team    | In progress    | Detailed technical specifications of system             |

| 2.3. Select vendor (if automated) | 12 months<br>May 27,2013                                | BIP team    | Not Started    | Vendor name and                             |
|-----------------------------------|---|-------------|----------------|---|
| Major Objective / Interim Tasks   | Suggested Due Date (from time of Work Plan submission)* | Lead Person | Status of Task | Deliverables                                |
|                                   |   |             |                | qualifications                              |
| 2.4. Implement and test system    | 18 months<br>November 27,2014                           | BIP team    | Not started    | Description of pilot roll-out               |
| 2.5. System goes live             | 24 months<br>May 27,2015                                | BIP team    | Not started    | Memo indicating system is fully operational |
| 2.6. System updates               | Semiannual after 24 months<br>November 2015             | BIP team    | Not Started    | Description of successes and challenges     |

#### NWD/SEP

3. State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.

| Major Objective / Interim Tasks  | Suggested Due Date (from time of Work Plan submission)* | Lead Person                | Status of Task | Deliverables   |
|--|---|----------------------------|----------------|--|
| 3.1. Identify the Operating Agency   | Submitted with Work Plan                                | Suzanne Bierman & BIP team | Completed      | Name of Operating Agency   |
| 3.2. Identify the NWD/SEPs   | Submitted with Work Plan                                | Suzanne Bierman & BIP team | Completed      | List of NWD/SEP entities and locations<br><a href="#">Appendix B</a><br><a href="#">Appendix C</a> |
| 3.3. Develop and implement a Memorandum of Understanding (MOU) across agencies | 3 months<br>August 27, 2013                             | Suzanne Bierman & BIP team | In Progress    | Signed MOU   |

4. NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.

| Major Objective / Interim Tasks   | Suggested Due Date (from time of Work Plan submission)* | Lead Person               | Status of Task | Deliverables   |
|---|---|---------------------------|----------------|--|
| 4.1. Identify service shed coverage of all NWD/SEPs                                   | 3 months<br>August 27, 2013                             | Susie Keesling & BIP team | Completed      | Percentage of State population covered by NWD/SEPs         |
| 4.2. Ensure NWD/SEPs are accessible to older adults and individuals with disabilities | 9 months<br>February 27, 2014                           | DCO BIP Team Lead         | In Progress    | Description of NWD/SEP features that promote accessibility |

## WEBSITE

5. The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP system.

| Major Objective / Interim Tasks   | Suggested Due Date (from time of Work Plan submission)* | Lead Person               | Status of Task | Deliverables  |
|---|---|---------------------------|----------------|---|
| 5.1. Identify or develop URL  | 3 months<br>August 27, 2013                             | Susie Keesling & BIP team | Completed      | URL   |
| 5.2. Develop and incorporate content  | 6 months<br>November 27, 2013                           | Susie Keesling & BIP team | In Progress    | Working URL with content completed                            |
| 5.3. Incorporate the Level I screen into the website ( <i>recommended, not required</i> ) | 18 months<br>November 27, 2014                          | Susie Keesling & BIP team | Not Started    | Working URL of Level I screen and instructions for completion |

## 1-800 NUMBER

6. Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.

| Major Objective / Interim Tasks  | Suggested Due Date (from time of Work Plan submission)* | Lead Person               | Status of Task | Deliverables       |
|--|---|---------------------------|----------------|--------------------|
| 6.1. Contract 1-800 number service   | 6 months<br>November 27,2013                            | Susie Keesling & BIP team | Complete       | Phone number       |
| 6.2. Train staff on answering phones, providing information, and conducting the Level I screen | 6 months<br>November 27,2013                            | Susie Keesling & BIP team | Not Started    | Training materials |

## ADVERTISING

7. State advertises the NWD/SEP system to help establish it as the “go to system” for community LTSS

| Major Objective / Interim Tasks | Suggested Due Date (from time of Work Plan submission)* | Lead Person               | Status of Task | Deliverables                               |
|---------------------------------|---|---------------------------|----------------|--|
| 7.1. Develop advertising plan   | 3 months<br>August 27,2013                              | Susie Keesling & BIP team | In Progress    | Advertising plan                           |
| 7.2. Implement advertising plan | 6 months<br>November 27,2013                            | Susie Keesling & BIP team | Not Started    | Materials associated with advertising plan |

## CSA/CDS

8. A CSA, which supports the purposes of determining eligibility, identifying support needs, and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a

qualified professional. The CSA must capture the CDS (a Core Data Set of required domains and topics).

| Major Objective / Interim Tasks   | Suggested Due Date (from time of Work Plan submission)* | Lead Person                | Status of Task | Deliverables  |
|---|---|----------------------------|----------------|---|
| 8.1. Develop questions for the Level I screen   | 6 months<br>November 27, 2013                           | Suzanne Bierman & BIP team | In progress    | Level I screening questions   |
| 8.2. Fill out CDS crosswalk (see Appendix H in the Manual) to determine if your State's current assessments include required domains and topics | Submitted with Work Plan                                | Suzanne Bierman & BIP team | Completed      | Completed crosswalk(s)<br><a href="#">Appendix D</a><br><a href="#">Appendix E</a><br><a href="#">Appendix F</a>  |
| 8.3. Incorporate additional domains and topics if necessary ( <i>stakeholder involvement is highly recommended</i> )                            | 6 months<br>November 27, 2013                           | Suzanne Bierman & BIP team | In progress    | Final Level II assessment(s); notes from meetings involving stakeholder input<br><a href="#">Appendix G</a><br><a href="#">Appendix H</a><br><a href="#">Appendix I</a> |
| 8.4. Train staff members at NWD/SEPs to coordinate the CSA  | 12 months<br>May 27, 2014                               | BIP team                   | In Progress    | Training materials  |
| 8.5. Identify qualified personnel to conduct the CSA  | 12 months<br>May 27, 2014                               | BIP team                   | In progress    | List of entities contracted to conduct the various components of the CSA<br><a href="#">Appendix J</a>  |
| 8.6. Regular updates  | Semiannual after 12 months<br>November 2014             | Suzanne Bierman & BIP team | Not Started    | Description of success and challenges   |

## CONFLICT-FREE CASE MANAGEMENT

9. States must establish conflict of interest standards for the Level I screen, the Level II assessment, and plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.

| Major Objective / Interim Tasks  | Suggested Due Date (from time of Work Plan submission)* | Lead Person              | Status of Task | Deliverables  |
|--|---|--------------------------|----------------|---|
| 9.1. Describe current case management system, including conflict-free policies and areas of potential conflict | Submitted with Work Plan                                | LeAnn Edwards & BIP team | Complete       | Strengths and weaknesses of existing case management system   |
| 9.2. Establish protocol for removing conflict of interest  | 9 months<br>February 27, 2014                           | LeAnn Edwards & BIP team | In progress    | Protocol for conflict removal; if conflict cannot be removed entirely, explain why and describe mitigation strategies |

## DATA COLLECTION AND REPORTING

10. States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.

| Major Objective / Interim Tasks                                 | Suggested Due Date (from time of Work Plan submission)* | Lead Person                | Status of Task | Deliverables  |
|---|---|----------------------------|----------------|---|
| 10.1. Identify data collection protocol for <i>service data</i> | Submitted with Work Plan                                | Suzanne Bierman & BIP team | Completed      | Measures, data collection instruments, and data collection protocol<br><a href="#">Appendix K</a> |
| 10.2. Identify data collection protocol for <i>quality data</i> | Submitted with Work Plan                                | Suzanne Bierman & BIP team | Completed      | Measures, data collection instruments, and data collection protocol<br><a href="#">Appendix K</a> |

| 10.3. Identify data collection protocol   | Submitted with Work Plan                                | Suzanne Bierman            | Completed      | Measures, data collection   |
|---|---|----------------------------|----------------|---|
| Major Objective / Interim Tasks   | Suggested Due Date (from time of Work Plan submission)* | Lead Person                | Status of Task | Deliverables  |
| for <i>outcome measures</i>   |   | & BIP team                 |                | instruments, and data collection protocol<br><a href="#">Appendix K</a>                               |
| 10.4. Report updates to data collection protocol and instances of <i>service data</i> collection      | Semiannual**  | Suzanne Bierman & BIP team | Not Started    | Document describing when data were collected during previous 6-month period, plus updates to protocol |
| 10.5. Report updates to data collection protocol and instances of <i>quality data</i> collection      | Semiannual**  | Suzanne Bierman & BIP team | Not Started    | Document describing when data were collected during previous 6-month period, plus updates to protocol |
| 10.6. Report updates to data collection protocol and instances of <i>outcomes measures</i> collection | Semiannual**  | Suzanne Bierman & BIP team | Not Started    | Document describing when data were collected during previous 6-month period plus updates to protocol  |

*\*\* If States do not submit satisfactory information regarding data collection protocol, they will be required to submit this information on a quarterly basis.*

## SUSTAINABILITY

11. [States should identify funding sources that will allow them to build and maintain the required structural changes.](#)

| Major Objective / Interim Tasks | Suggested Due Date (from time of Work Plan submission)* | Lead Person | Status of Task | Deliverables |
|---------------------------------|---|-------------|----------------|--------------|
|---------------------------------|---|-------------|----------------|--------------|

| Major Objective / Interim Tasks                                    | Suggested Due Date (from time of Work Plan submission)* | Lead Person | Status of Task | Deliverables   |
|--|---|-------------|----------------|--|
| 11.1. Identify funding sources to implement the structural changes | Submitted with Work Plan                                | BIP team    | Completed      | Description of funding sources   |
| 11.2. Develop sustainability plan                                  | 12 months<br>May 27, 2014                               | BIP team    | Not Started    | Funding sources and estimated annual budget necessary to maintain structural changes after award period ends   |
| 11.3. Describe the planned usage for the enhanced funding          | Submitted with Work Plan                                | BIP team    | Completed      | Description of how the State will use the enhanced funding earned through the program. Detail how these planned expenditures: 1. Increase offerings of or access to non-institutional long-term services and supports; 2. Are for the benefit of Medicaid recipients; and 3. Are not a prohibited use of Medicaid funding. |

#### EXCHANGE IT COORDINATION

12. [States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.](#)

| Major Objective / Interim Tasks | Suggested Due Date (from time of Work Plan submission)* | Lead Person | Status of Task | Deliverables |
|---------------------------------|---|-------------|----------------|--------------|
|---------------------------------|---|-------------|----------------|--------------|



| Major Objective / Interim Tasks  | Suggested Due Date (from time of Work Plan submission)* | Lead Person                | Status of Task | Deliverables                        |
|--|---|----------------------------|----------------|-------------------------------------|
| 12.1. Describe plans to coordinate the NWD/SEP system with the Health Information Exchange IT system | 6 months<br>November 27, 2014                           | Suzanne Bierman & BIP team | Not Started    | Description of plan of coordination |
| 12.2. Provide updates on coordination, including the technological infrastructure                    | Semiannual  | Suzanne Bierman & BIP team | Not Started    | Description of coordination efforts |

## Description of Deliverables:

In addition to completing the Work Plan Table Template, the State must provide companion text for each task. In prose, bullets, or numbered lists, this companion text should make clear what the State's plans are for completing each task and corresponding deliverable. Specifically, the State should describe the current state of the task, experienced or anticipated challenges to completing this task, and the State's plans to address these challenges. This information will also be used to populate the first in a series of online Programmatic Progress Reports, which will save the State time as it prepares its quarterly reports (see Chapter 7 of the Manual). The level of detail in the companion text may depend on the task and its due date. Specifically, at the time of Work Plan development, a State may have less information regarding tasks it expects to submit further in the future than for those due nearer in time. States will have the opportunity to update the companion text with more detail through their quarterly Progress Reports and as they make progress on the structural changes. The State need not remark on tasks that are already completed.

**1. All individuals receive standardized information and experience the same eligibility determination and enrollment processes.**

- 1.1. *Develop standardized informational materials that NWD/SEPs provide to individuals:*  
Informational materials can include pamphlets, summaries of programs and related eligibility criteria, and case worker scripts. States may already have developed these materials and distributed them to individuals seeking community LTSS.

Describe the current status of this task:

In progress.

Currently Arkansas is in the beginning stages of creating a printable online directory in which employees can hand out to consumers. This directory will allow workers to print information regarding the programs that consumers are most likely eligible for after the completion of the initial prescreen. The directory will be online to serve as an informational tool for discharge nurses and other entities that make referrals to long term services and supports. In addition, this directory will serve as a guide to help state employees explain the services offered under LTSS.

In addition to the online directory, there will be pamphlets created that will inform consumers of the LTSS offered.

Describe experienced or anticipated challenges to completing this task:

Coordinating with Divisions to make sure information is accurate and up to date.

Describe the State's plan to address the challenges described above:

Continually working with each division to verify the included information.

*1.2. Train all participating agencies/staff on eligibility determination and enrollment processes:* All staff should be trained on these processes by the time the NWD/SEP system is implemented for testing (18 months after date of Work Plan submission). This timing corresponds to an automated NWD/SEP system; the implementation of a paper-based system should require less time. As a related deliverable, States should submit the training documents used by NWD/SEP staff to follow the NWD/SEP processes, in addition to the training agenda. To be effective, documents should include flow diagrams and clear guidelines for each type of NWD/SEP staff member.

Describe current status of this task:

Not Started

Describe experienced or anticipated challenges to completing this task:

With the implementation of BIPP, ADRC and eligibility workers will have to be familiar with eligibility requirements for programs serving developmental disabilities and behavior health, in addition to the requirements of the aging population that they have always served. As such, each program has different eligibility requirements. To train several different staff members on the eligibility requirements of each program with limited training resources will be challenging.

Describe the state's plan to address the challenges described above.

The plan to address this challenge is to provide intensive training through various settings, including, but not limited to, webinars, face to face and developing training resources that employees can refer to at later dates.

**2. A single eligibility coordinator, “case management system,” or otherwise coordinated process guides the individual through the entire functional and financial eligibility determination process.**

**2.1. Design system (initial overview):** The State should submit with the Work Plan a general description of the NWD/SEP system, including the major actors (i.e., Operating Agency, NWD/SEPs), overview of processes (e.g., flow diagram), and the level of automation expected within the system. For example, States should indicate whether they plan on using an online Level I screen and/or an automated Level II assessment that feeds into a central database, accessible to all NWD/SEPs.

Describe the current status of this task:

Complete. At the current time, Arkansas has identified the Operating and Oversight Agency, which will be Division of Medical Services (DMS), the division currently responsible for Medicaid. The operating and oversight agency will work closely with other key divisions consisting of Division of Developmental Services (DDS), Division of Adult and Aging Services (DAAS), Division of Behavior Health Services (DBHS) and Division of County Operations (DCO). The NWD/SEPs will be comprised of physically our county offices throughout the state, our website, the ADRC, and by telephone each independent division. DCO eligibility workers currently determine eligibility for a wide array of services offered for all divisions, so they are can address needs of all populations seeking community LTSS. We plan to have a completely automated system with the pre-screen on electronic kiosks in the county offices, located on the website, and administered by those who answer a phone call from a consumer who needs LTSS. DCO eligibility workers will be available to assist consumers with completing the pre-screen if need be. After the initial pre-screen, the application process may also be completed electronically by consumers. The financial assessment and medical/functional assessment, using a variety of InterRAI tools, will be completed simultaneously. While each division will have independent assessors to complete the medical/functional assessment, DCO eligibility workers or eligibility workers in each division will work with the consumer to gather financial information. Each assessment will be input into an IT infrastructure which will compute a plan of care and level of care, necessary to determine the budgeted amount for the services needed. At the current time we are exploring different IT infrastructures that will encompass the necessary requirements needed to automate our eligibility process.

**Appendix A: NWD-SEP LTSS Person-Data Flow**

Describe experienced or anticipated challenges to completing this task:

IT infrastructure needs to be procured and developed

Describe the State’s plan to address the challenges described above:

To procure an effective IT interface system that will be able to operate offline, calculate the necessary level of care and budgeted amount for each episode.

2.2. *Design system (final detailed design)*: This second task involves a much more detailed design structure of the NWD/SEP system. If the State plans to contract a vendor to build an automated system, the deliverable associated with this task could be a Request for Proposals (RFP) disseminated to potential vendors. The RFP should include the data flow, highlighting which entity(ies) will house the data, data transfer mechanisms, levels of user access, and data security measures. If the NWD/SEP system is paper-based, the description should include how information will be transferred to different participating entities in a timely manner (e.g. phone, fax) and how non-electronic data will be stored and retrieved securely.

**Describe the Status of this task: In progress**

**Overview of processes:**

Participants may be referred to LTSS services via the Access Arkansas website, MFP outreach in nursing facilities, providers, or other sources. Participants formally enter the system in one of three ways; (1) via the 1800 number (2) through the website, or (3) as a walk-in at their county office. After entrances into the system, a Level I prescreen will be conducted followed by an application. After which, an assessor would contact the consumer to complete a Level II assessment, along with options counseling. Simultaneously, the financial eligibility would also be completed. Finally, enrollment into LTSS and development of a plan of care would be complete the process.

The level of automation of the process has yet to be decided. We are working to automate the Level I screening. However, the levels of automation for other processes have not been decided.

**Describe experienced or anticipated challenges to completing this task:**

Currently, the process of developing the Level I screen has been a challenge. With several initiatives taking place in the department, how to meet the requirements of them all without duplicative work has been a challenge. Also deciding how comprehensive the Level I screening will be has been a challenge. Whether to have a universal level I screen or several different ones to meet the needs of the each population has been discussed. Additionally the decision to have a separate LTSS application has been a challenge

**Describe the State's plan to address the challenges described above:**

Currently, the department is working with University of Michigan to create a Level I screening that will also serve as screenings for other initiatives going on throughout the department. Additionally, divisions are working together to verify that each divisions needs are met in the Level I screening drafts and to decide on whether or not to have one comprehensive screening.

- 2.3. *Select vendor (if automated)*: Once a vendor is selected to build or enhance the NWD/SEP system, the State should submit a memo indicating the vendor name and qualifications (i.e., reason for selection).

Describe the current status of this task:

In progress. Arkansas has procured a new eligibility and enrollment system. Division of Medical Services will work closely with Division of County Operations to implement this new system. With the implementation of the new system, we believe that LTSS will be enhanced. However this system is currently in development.

Describe experienced or anticipated challenges to completing this task:

Anticipated challenges are technical issues that may arise in the development of a department wide eligibility and enrollment system.

Describe the State's plan to address the challenges described above:

The department is actively working with the developers to verify that the system is designed in such a way that will enhance the NWD/SEP system. Meetings have been held to determine business requirements of each division involved in the implementation of BIPP.

*2.4. Implement and test system:* We expect many States will gradually roll out the

NWD/SEP system, incorporating NWD/SEPs one at a time or in groups. This will allow States to test processes, identify lessons learned, and make improvements. This task requires a description of the roll-out plan, including which entities will implement the system when, and protocols for evaluating processes and incorporating lessons learned.

Describe the current status of this task:

In progress.

Currently, Arkansas is working to develop a roll out plan. Ongoing discussions are being conducted to decide exactly which entities will implement the NWD system and when.

Describe experienced or anticipated challenges to completing this task:

Anticipated challenges include aligning the roll out process with other initiatives that are ongoing in the department and ensuring that there are enough resources to implement the system department wide.

Describe the State's plan to address the challenges described above:

The plan to address the challenge is to align the initiatives on similar timelines and possibly increase training resources so that employees are properly trained to implement all the initiatives that are ongoing.

*2.5. System goes live:* Once the system is live or fully operational, States should submit a memo to CMS indicating that it is fully operational and describe any major system changes implemented since the detailed design.

Describe the current status of this task:

Not started

Describe experienced or anticipated challenges to completing this task:

As Arkansas embraces a new eligibility and enrollment system and the NWD system, when the system goes live it will include several new processes that eligibility workers are not comfortable with. Anticipated challenges include overcoming resistance to change, moving away from a silod system and educating staff on all LTSS services.

Describe the State's plan to address the challenges described above:

With the implementation of the NWD system and the eligibility and enrollment systems ADRC and county office eligibility workers will undergo extensive training to be comfortable with the new system and its components. Additionally resources will be created to serve as reference guides to the staff to ensure that staff has the best level of knowledge about all services offered under the newly created LTSS system.

2.6. *System updates:* After the system goes live, States should submit a brief semiannual report describing the successes and challenges associated with the system.

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| Describe the current status of this task:   |
| Not started   |
| Describe experienced or anticipated challenges to completing this task:<br>Currently it is unclear what CMS defines as successes and challenges. Any further guidance would be appreciated                |
| Describe the State's plan to address the challenges described above:<br>Continuous communication with CMS to verify that our reports are in compliance with their definition of successes and challenges. |

### 3. State has a network of NWD/SEPs and an Operating Agency; the Medicaid Agency is the Oversight Agency.

3.1. *Identify the Operating Agency:* The name of this agency should be included in the initial description of the NWD/SEP system.

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|---|
| Describe the current status of this task: Complete  |
| The Operating Agency is the Division of Medical Services  |
| Describe experienced or anticipated challenges to completing this task:<br>No experienced or anticipated challenges at this time.                     |
| Describe the State's plan to address the challenges described above:<br>No plan to address any challenges, because none are anticipated at this time. |



*3.2 Identify the NWD/SEPs:* The names of the entities and their locations should be included in the initial description of the NWD/SEP system.

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| Describe the current status of this task:<br><br>The current NWD/SEPs are DHS county offices, the ADRC, and each key division (DDS, DAAS, DBHS, and DCO) by telephone. |
| Describe experienced or anticipated challenges to completing this task:<br><br>No experienced or anticipated challenges at this time.                                  |
| Describe the State's plan to address the challenges described above:<br><br>No plan to address any challenges, because none are anticipated at this time.              |

*3.3 Develop and implement a Memorandum of Understanding (MOU) across agencies, including the State Medicaid Agency and the Operating Agency:* Given that many agencies will be involved in the NWD/SEP system, it is essential that each agency has a clear role and is on board with completing its responsibilities.

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| Describe the current status of this task:<br><br>In progress. Currently DMS is working with other divisions to define their roles in implementing the necessary structural changes. Once these roles are defines, MOUs will be drafted. |
| Describe experienced or anticipated challenges to completing this task:<br><br>No experienced or anticipated problems at this time  |

Describe the State's plan to address the challenges described above:

No plan to address any challenges, because none are anticipated at this time.

**4 NWD/SEPs have access points where individuals can inquire about community LTSS and receive comprehensive information, eligibility determinations, community LTSS program options counseling, and enrollment assistance.**

*4.1 Identify service shed coverage of all NWD/SEPs:* As previously noted, a NWD/SEP's service shed covers all residents within a certain distance. Ideally, the combined service sheds of all NWD/SEPs should cover the State's entire population. Because this is not always feasible, States should submit the percentage of the State's population actually covered by the NWD/SEP and a description of why 100 percent coverage is not feasible.

Describe the current status of this task:

Completed. Arkansas's service shed coverage would be 100%, achieved by the county offices located in every county throughout the state. These county offices will operate as NWD/SEPs and being available to inform consumers about community LTSS, give comprehensive information, assist with the application process and determine eligibility.

[Appendix B: Map of Arkansas Counties](#)

[Appendix C: DHS County Office Listing](#)

Describe experienced or anticipated challenges to completing this task:

No experienced or anticipated challenges at this time.

Describe the State's plan to address the challenges described above:

No plan to address any challenges, because none are anticipated at this time.

*4.2 Ensure NWD/SEPs are accessible to older adults and individuals with disabilities:*

States should indicate the features of the NWD/SEPs that promote accessibility, including wheelchair ramps, proximity to public transportation, bilingual staff, etc.

Describe the current status of this task:

In progress. Currently each county office contains wheel chair ramps and handicap parking, in compliance with the American with Disability Act. Arkansas Department of Human Services contracts to provide translation services.

Describe experienced or anticipated challenges to completing this task:

No experienced or anticipated problems at this time

Describe the State's plan to address the challenges described above:

No plan to address any challenges, because none are anticipated at this time.

**5.0 The NWD/SEP system includes an informative community LTSS website; Website lists 1-800 number for NWD/SEP network.**

*5.1 Identify or develop URL:* Many States already have websites with information on community LTSS. If the State plans to use a website already in existence, it should submit the URL of that website.

Describe the current status of this task:

Currently Arkansas has a few options that may serve as the website of information on community LTSS. The department may use one of the following already existing websites or develop a new website.

[www.choicesinliving.ar.gov](http://www.choicesinliving.ar.gov) ADRC Choices in Living Website

[www.Access.Arkansas.gov](http://www.Access.Arkansas.gov) Access Arkansas website

Describe experienced or anticipated challenges to completing this task:

Currently Access Arkansas and the Choices In Living website are the beginning of an eligibility process, so it would need to be redesigned to serve as both, informative and to determine eligibility. The website also needs to interface with the new eligibility and enrollment systems.

Describe the State's plan to address the challenges described above:

To address this challenge we could ask our IT department to enhance the website to serve as both a source of information and as an eligibility system, capable of administering the pre-screen and application process, with the ability to be integrated with the new eligibility and enrollment system.

*5.2 Develop and incorporate content:* The State should incorporate additional information into its website as necessary. Once the website is completed, the State should submit the URL for CMS to review.

Describe the current status of this task:

In progress. As stated above Arkansas has 2 options that may serve as the website for LTSS information. Currently we are gathering information from various divisions that need to be incorporated into the website.

Describe experienced or anticipated challenges to completing this task:

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| No experienced or anticipated challenges at this time.                        |
| Describe the State's plan to address the challenges described above:          |
| No plan to address any challenges, because none are anticipated at this time. |

*5.3 Incorporate the Level I screen into the website (recommended, not required):* If the State chooses to incorporate a Level I screening tool into its community LTSS website, it should submit the working URL of the tool, in addition to the instructions for users to complete the screen.

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| Describe the current status of this task:  |
| <p>In Progress.</p> <p>Arkansas has decided to incorporate the Level I screen onto the website, including kiosks located in the county offices.</p>  |
| Describe experienced or anticipated challenges to completing this task:  |
| <p>Anticipated: With several initiatives going on in the department, changing a website to align with them all may prove to be challenging.</p>  |
| Describe the State's plan to address the challenges described above:   |
| <p>Currently discussions are being held regarding resources, automating the Level I screening and aligning the level I screening with other initiatives that may also need a prescreen to make sure the system is inclusive for all initiatives.</p> |

**6.0 Single 1-800 number where individuals can receive information about community LTSS options in the State, request additional information, and schedule appointments at local NWD/SEPs for assessments.**

*6.1 Contract 1-800 number services:* Many States already have 1-800 numbers for providing information on community LTSS. If the State plans to use a number already in existence, it should submit that phone number. If not, it must describe its method for developing or contracting a 1-800 number service and indicate when the number is functioning.

Describe the current status of this task:

Completed. Arkansas plans to use the 1800 number already in existence. It is associated with the ADRC. The number is 1-800-801-3435

Describe experienced or anticipated challenges to completing this task:

No experienced or anticipated challenges at this time.

Describe the State's plan to address the challenges described above:

No plan to address any challenges, because none are anticipated at this time.

*6.2 Train staff to answer phones, provide information, and conduct the Level I screen:*  
NWD/SEP staff must be trained on how to provide information and conduct assessments in a standardized fashion. The State should submit related training materials and schedules.

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| Describe the current status of this task:   |
| Not started.  |
| Describe experienced or anticipated challenges to completing this task:                                 |
| Due to limited personnel and staff resources, Arkansas needs to automate the Level I screening process. |
| Describe the State's plan to address the challenges described above:                                    |
| To develop an automated Level I screen.   |

## **7.0 State advertises the NWD/SEP system to help establish it as the “go to system” for community LTSS**

*7.1 Develop advertising plan:* Nursing homes, hospitals, community-based organizations, medical providers, and other governmental social programs should be aware of and refer clients to the NWD/SEP system. Therefore, the State must develop and submit a plan for advertising the system to all potential referring partners.

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| Describe the current status of this task:  |
| In progress. Currently the ADRC has several advertising efforts in place. There is an exhibit booth on display in various areas throughout the state. Additionally, there is print advertising; consisting of brochures, ads in newspapers, magazines and senior directories. Finally, there are ads broadcasted on the radio and television. These advertising efforts will be extended to include information from other divisions and to educate the public on the changes to the LTSS eligibility process. |
| Describe experienced or anticipated challenges to completing this task:  |
| No experienced or anticipated challenges at this time.   |
| Describe the State's plan to address the challenges described above:   |
| No plan to address any challenges, because none are anticipated at this time.  |

*7.2 Implement advertising plan:* To indicate that the advertising plan has been implemented, States should submit related materials, such as posters and pamphlets.

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| Describe the current status of this task:                               |
| Not Started   |
| Describe experienced or anticipated challenges to completing this task: |
| Describe the State's plan to address the challenges described above:    |

**8.0 A CSA, which supports the purposes of determining eligibility, identifying support needs, and informing service planning, is used across the State and across a given population. The assessment is completed in person, with the assistance of a qualified professional. The CSA includes a CDS (a Core Data Set of required domains and topics).**

*8.1 Develop questions for the Level I screen:* The Level I screen should include a series of basic financial and functional questions that indicate whether a person may be eligible for Medicaid-funded community LTSS. States must identify and submit these questions. Many will submit a Level I screen already in use.

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| Describe the current status of this task:  |
| In progress. Arkansas is currently working with the University of Michigan to develop a Level I screening tool, consisting of several questions from the InterRAI assessment tool. |
| Describe experienced or anticipated challenges to completing this task:  |
| No experienced or anticipated challenges at this time.   |
| Describe the State's plan to address the challenges described above:   |
| No plan to address any challenges, because none are anticipated at this time.  |

*8.2 Fill out CDS crosswalk to determine if State's current assessments include required domains and topics:* Refer to Appendix H in the Manual for instructions on how to determine if the assessment already in use has all required domains and topics within the CDS. An electronic version of the CDS crosswalk can be found on the Balancing Incentive Program technical assistance website at:

<http://www.balancingincentiveprogram.org/resources/crosswalk-between-core-standardized-assessment-csa-and-core-dataset-cds>.

|   |
|---|
| Describe the current status of this task:   |
| Complete. The Department will be using the InterRAI-Home Care for Older Adults and individuals with physical disabilities.  |
| Developmental Disability Services (DDS) will be using InterRAI-ID for adults and InterRAI CHY_IDD for children which does meet the required domains under the Balancing Incentive Program. It is our intent that the assessment will be integrated with the LTSS enrollment and eligibility system and will include all domains required under the Balancing Incentive Program. |
| The Division of Behavior Health Services (DBHS) will be using the InterRAI-CMH as the baseline standard assessment and will make necessary changes to it, so that it can fit the specific population DBHS serves.   |
| Related Documents:  |
| <a href="#">BIP: CSA CDS Crosswalk InterRAI-CMH Appendix D</a> is the crosswalk of the InterRAI Community Mental Health Assessment.   |
| <a href="#">BIP: CSA CDS Crosswalk InterRAI-HC Appendix E</a> is the crosswalk of the InterRAI Home Care Assessment.  |
| <a href="#">BIP CSA CDS Crosswalk InterRAI ID Appendix F</a> is the crosswalk of the InterRAI Intellectual Disability Assessment.   |
| Describe experienced or anticipated challenges to completing this task:   |
| Currently no anticipated challenges   |
| Describe the State's plan to address the challenges described above:  |
| No plan to address any challenges, because currently there are none.  |

*8.3 Incorporate additional domains and topics if necessary (stakeholder involvement is highly recommended):* Many States already use assessments that include all of the required domains and topics within the CDS. If not, the State should incorporate additional domains and topics using input from stakeholders. For the required deliverable, the State should submit the final assessment in addition to any materials that indicate stakeholder involvement.



Describe the current status of this task:

In progress. Currently we have different versions of the InterRAI assessment tool to fit each population. The Division of Developmental Disabilities Services has finalized the version for adults with developmental disabilities, with assistance from stakeholders. The Division of Aging and Adult Services has finalized the version for aging adults and adults with physical disabilities. The Division of Developmental Disabilities is working to finalize the assessment for children with developmental disabilities and the Division of Behavior Health is working to tailor the InterRAI tool to fit their specific population.

**Appendix G: InterRAI ID used for DDS adult population**

**Appendix H: InterRAI ID used for DDS children population**

**Appendix I: InterRAI HC used for DAAS population**

Describe experienced or anticipated challenges to completing this task:

None at the current time.

Describe the State's plan to address the challenges described above:

No plan to address challenges because none are apparent at this time.

*8.4 Train staff members at NWD/SEPs to coordinate the CSA:* NWD/SEP staff must be trained to initiate and coordinate the collection of Level II assessments. This involves working with the clinical staff responsible for actually conducting the assessment and ensuring the assessment is completed in a timely fashion. Once again, States should submit training materials and schedules associated with this task.

Describe the current status of this task:

In progress. The core standardized assessment instruments will be administered by independent, qualified entities or registered nurses that have received comprehensive training on the assessment instruments. More specifically, the interRAI Home Care (iHC) instrument will be administered by licensed, registered state employed nurses who have successfully completed a week-long training that includes modules on system administration; clinical applications; and policy/procedure updates. DDS, through a competitive RFP bid process, selected an independent entity, Pine Bluff Psychological Associates, to conduct the interRAI ID tool for adults with developmental disabilities. In order to meet the qualifications to administer the ID tool, assessors are required to have at least one year of experience working directly with persons with intellectual or physical disabilities, and to hold one of the following certifications: a doctor of medicine or osteopathy, a registered nurse, or a bachelor's degree in a human services field including, but not limited to: sociology, special education, rehabilitation counseling, or psychology.

Additionally, DDS is currently hosting another competitive RFP bid process to select an independent vendor to administer the assessment for children.

Arkansas is committed to using independent assessment entities; as a part of the implementation of the core standardized assessment instrument for DBHS an independent entity will be selected to administer the selected assessment tool. The standardized assessments will be conducted by licensed mental health practitioners. Licensed substance abuse counselors may also qualify to be credentialed to perform the assessments. DBHS is currently exploring specific training and certification requirements for the professionals that will administer the assessment.

An independent vendor is completing the assessments for the Developmental Disability adult populations. In DAAS, registered nurses have begun completing assessments for their population. DBHS has yet to begin administering the assessments for their population.

Describe experienced or anticipated challenges to completing this task:

No experienced or anticipated challenges at this time.

Describe the State's plan to address the challenges described above:

No plan to address any challenges, because none are anticipated at this time.

*8.5 Identify qualified personnel to administer the CSA:* States should submit a list of entities responsible for conducting the different portions of the assessment in addition to their qualifications, such as certification, education, or training.

Describe the current status of this task:-

In progress. As noted above, the InterRAI Home Care (iHC) instrument will be administered by licensed, registered state employed nurses. DDS, through a competitive RFP bid process, selected an independent entity, Pine Bluff Psychological Associates, to conduct the InterRAI ID tool for adults with developmental disabilities. Another independent vendor will be selected to conduct the assessments for adults on wait list and DDTC only using interRAI ID and school age children on wait list, DDS waiver and in ICF, using ChYMH-DD. For DBHS an independent entity will be selected to administer the selected assessment tool.

**Appendix J: RFP DDS-2013-02 for Children, Youth and Adult Assessments**

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|---|
| Describe experienced or anticipated challenges to completing this task:<br><br>No experienced or anticipated challenges at this time.                   |
| Describe the State's plan to address the challenges described above:<br><br>There is no plan to address any challenges because there are no challenges. |

*8.6 Regular updates:* After the implementation of the CSA, States should submit brief semiannual reports with successes and challenges associated with the CSA.

DELIVERABLE: SEMI ANNUAL REPORT

|   |
|---|
| Describe the current status of this task:<br><br>Not started            |
| Describe experienced or anticipated challenges to completing this task: |
| Describe the State's plan to address the challenges described above:    |

**9.0 States must establish conflict of interest standards for the Level I screen, the Level II assessment and, the plan of care processes. An individual's plan of care must be created independently from the availability of funding to provide services.**

*9.1 Describe current case management system:* This description should identify areas of possible conflict in case management and systems the state currently has in place to mitigate those conflicts.

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| Describe the current status of this task: complete<br><br>In Arkansas, a variety of agencies are responsible for different elements of case management for the various populations with long-term care needs. These arrangements have often resulted from the historical evolution of categorical programs, and this has contributed to a lack of coordination and communication regarding specific participant needs.<br><br>Arkansas is currently engaged in a number of innovative initiatives aimed at enhancing client choice, improving care coordination and achieving better health outcomes. These initiatives will be described in greater detail following a description of the current processes of providing case management for older adults, individuals with physical disabilities, individuals with developmental and intellectual disabilities, and individuals with behavioral health needs. |
|---|

Currently, targeted case management services through the Title XIX state plan are provided to Medicaid eligible individuals who are age 60 and older. Individuals with physical disabilities participating in the 1915(c) waiver program receive case management services through a waiver service called counseling support management. Individuals with developmental disabilities also receive case management services through their 1915(c) waiver program. For these populations, DAAS and DDS staff determines functional eligibility, so there is no conflict that would result from direct service providers conducting assessments and making eligibility determination decisions for individuals for whom they provide direct services. With respect to DAAS case management services, state staff completes the initial plan of care and maintain ultimate authority over the plan of care in order to retain control over funding levels, protect freedom of choice, and to retain budgetary oversight.

For DDS, the case manager is responsible for care plan development. Currently, there are no independence requirements for DDS case managers. The case manager may contract with or be an employee of a DD direct service provider. However, DDS is implementing several measures to remove or minimize conflict from case management as it exists today. One of these measures is implementing an independent universal assessment which will be used to determine each individual's level of need and ultimately each person's budget level. DDS is looking at its choice, complaint investigation, and ombudsman processes to be certain that consumers have opportunities to resolve any issues with case management. Arkansas is also implementing Healthcare Payment Improvement Initiative, which changes the current fee for service payment model to a bundled payment approach for episodes of care. DD services will be one of the first bundles to be implemented. The level of payment for DDS episode will be determined based on the independent assessment.

For the Behavioral Health population, case management is currently not a service that is offered. Each mental health provider conducts an independent assessment at the beginning of services being rendered. However, a state plan amendment is being drafted to develop a case management system for that population.

Under the existing system, case management providers can be providers of direct services. Arkansas understands the need for conflict-free case management and will develop a plan to review compliance and implement a conflict-free case management system, for targeted groups within these populations by the end of the BIP grant period. The state will work to identify existing conflicts, identify barriers and develop strategies and mitigating measures to address conflicts. Planning is currently under way to identify and eliminate existing conflicts. In an earlier Targeted Case Management state plan submission, CMS approved the definition below for case management; this definition will serve as the beginning point in our planning efforts to implement conflict-free case management:

CMS approved conflict-free definition that Arkansas is planning to implement to meet BIP requirement for conflict-free case management:

Targeted Case Management (TCM) represents conflict-free case management. Agencies providing TCM are prohibited from providing other direct care in-home services (waiver and/or state plan) to individuals. Case management providers are organizations not related to any direct care in-home service provider for the targeted populations. A related organization (includes individuals, partnerships, corporations, etc.) where the provider is associated or affiliated with, has common ownership, control or common board members, or has control of or is controlled by the organization furnishing the services, facilities or supplies. Common ownership exists when an entity, individual or individuals possess 5% or more ownership or equity in the provider and the institution or organization serving the provider. Control exists where an individual or an organization has the power, directly or indirectly, to significantly influence or direct the actions or policies of an organization or institution.

Describe experienced or anticipated challenges to completing this task:

No experienced or anticipated challenges at this time.

Describe the State's plan to address the challenges described above:

No plan to address any challenges, because none are anticipated at this time.

*9.2 Establish protocol for removing conflict of interest:* The state must also describe how it plans to ensure that community LTSS eligibility determination, enrollment, and case management processes are free of conflict of interest.

Describe the current status of this task: In progress

Arkansas will implement the following case management components to become conflict free case management in the Division of Aging and Adult Services (DAAS):

- TCM State Plan-new group- Medicaid eligible CFCO referral (non-waiver participants over age 21; non DDS)-statewide; conflict free provider qualifications; one provider chosen through B4 waiver and RFP process; completes pre-screening prior to institutional level of care (ILOC) assessment; if ILOC eligible, develops,

manages and renews plan of care (POC) based on DAAS RN's annual reassessment

- DAAS waiver case management with plan of care authority-geographic regions determined in RFP process; hopefully 2 or 3 regions based on DAAS RN's supervisory territories; limited provider based on B4 waiver caseload that includes monitoring, managing and updating plans of care.

A RFP will be submitted to obtain a contractor that will be conflict-free and

- Serve CFCO referrals/applicants that are over 21, not DDS, and not participating in HCBS waiver programs.
- Be statewide for non DDS-CFCO referrals/applicants
- Conduct prescreens to determine if ILOC assessment is needed
- If ILOC eligible, develop, manage and renew CFCO plans of care, based on assessments/reassessments by DAAS RNs
- Service under (new) LivingChoices HCBS waiver
- Be in 2 (or 3) regions of the state for LivingChoices (the new LivingChoices)
  - waiver client case management
- Receive waiver plans of care from DAAS RNs once waiver eligibility is established;
- Monitor, manage and update waiver plans of care based on annual reassessment by DAAS RNs.

In the remaining regions of the state, the LivingChoices HCBS waiver participant's case management will be provided as is current policy. DAAS RN's role will remain as is.

For the Division of Developmental Disabilities, the following mitigating factors will be adopted to reduce and/or eliminate any conflict in the case management system:

- Assuring that individuals can advocate for themselves or have an advocate present in planning meetings. Client will have the freedom to invite any person of their choosing to the planning meetings. The only person authorized to attend without client's invitation is client's chosen case manager.
- Documenting that the individual has been offered choice among all qualified providers of direct services. DDS offers the individual choice of setting of care, as well as choice among all qualified providers of direct services to protect against self-referral.
- Establishing administrative separation between those doing assessments, service planning, and those delivering direct services. According to approved ACS Waiver, providers must assure separation of duties between Case Manager and Direct Service Supervisor. Waiver states: "The case manager and the direct care supervisor can never be the same person when the case manager and the direct care supervisor work for the same provider entity."
- Establishing clear, well-known, and easily accessible means for consumers to

make complaints and/or appeals to the state for assistance regarding concerns about choice, quality and outcomes. DDS has established clear processes by which individuals can grieve decisions they consider adverse or submit complaints and appeals regarding individual service eligibility, funding of services, program funding and service provisions. DDS Policy 1076 (Appeals) Policy 1010 (service concerns) and service standards outline these processes.

Additionally, DDS Ombudsman program works to inform consumers of their rights and choices, and works to facilitate fair resolution to consumers concerns.

- Having state quality management staff oversee providers to assure consumer choice and control are not compromised. DDS quality assurance staff conducts annual on-site visits of each licensed or certified provider. During the visits, quality assurance staff interview clients about their rights, which include due process to ensure that consumer choice is not compromised.
- Documenting consumer experiences with measures that capture the quality of case management services. DDS conducts the National Core Indicators (NCI) survey each year for a sample of its served population. NCI survey collects key indicators regarding individual outcomes, wealth, and welfare and consumer rights. It also collects provider performance which includes consumer satisfaction with case management services. Annual on-site reviews of each provider are conducted and include evaluation of provider's capacity to deliver all services, including case management.
- Financial and clinical/non-financial eligibility determination is conducted by DDS.
- DDS has established an Ombudsman program that serves as an independent and confidential resource to individuals and their families as appropriate. The DDS Ombudsman Program is charged with assuring that the concerns and/or complaint investigation and resolution process will be managed to protect from harm or any form of retaliation. DDS Ombudsman supports individuals with disabilities and their families as they make informed choices. The Ombudsman achieves this goal by providing information regarding service options, teaching skills by working with, not for, the consumer in advocacy issues and working together to obtain the best possible outcomes for all parties involved.

Currently, the Division of Behavior Health Services does not offer case management. However, a state plan amendment will be submitted to create case management services for that population. During this process, mitigating factors will be identified and adopted to create a conflict free case management system for persons receiving behavior health services.

Describe experienced or anticipated challenges to completing this task:

No experienced anticipated challenges at this time

Describe the State's plan to address the challenges described above:

No plans to address any challenges, because none are apparent at this time.



**10.0 States must report service, outcome, and quality measure data to CMS in an accurate and timely manner.**

*10.1 Identify data collection protocol for **service data**:* States should submit the sources for these data and/or the surveys that will be used to collect these data. As applicable, information should also include sampling and data collection protocols.  
**DELIVERABLE: SOURCES FOR DATA AND/OR SURVEYS USED TO COLLECT SERVICE, OUTCOME AND QUALITY MEASURE DATA.**

Describe the current status of this task: Completed.

Currently we are collecting service data and have several different reports to collect this information.

CMS 372 collects service data for Elder Choices, LivingChoices Assisted Living Waiver, Alternatives for Adults with Physical Disabilities, and Developmental Disability Services Alternative Community Services. CMS 372 is also a federally mandated report of unduplicated participants and expenditures by service. It is used to demonstrate cost neutral in comparison to nursing home.

CMS 64 is a quarterly report that measures expenditures of the Medicaid program, under the title XIX of the Social Security Act, and the Children's Health Insurance Program under title XXI of the Social Security Act. This report measures expenditures that are allowable in accordance with applicable implementing federal, state, and local statutes, regulations, policies, and the state plan. It is conducted quarterly.

DMS Quality Assurance Participant Chart, a review report of 1915(c) HCBS Waivers, is compliance report of review results. This report is collected monthly, quarterly and annually.

DMS Quality Assurance Provider, a review report of 1915 (c) HCBS Waivers, is also a compliance report of review results. This report is also collected monthly, quarterly and annually.

DAAS conducts an Overlapping Service report that shows agencies billing on recipients who are in nursing institutions, including hospitals. This report is conducted quarterly.

In addition to the overlapping Services Report, DAAS conducts the No Service Report, which is a report that shows which recipients that have not received waiver services. This report is compiled of start of care data which measures whether or not services were provided 3 months prior to the report date. This report is also conducted quarterly.

DAAS also conducts a Quarterly Compliance Report. This report is a compilation of findings on provider and client quality assurance files. It is also conducted quarterly.



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| <p>Participant Claims History Profile is a report to compare payment to plan of care. It is collected monthly as part of chart reviews.</p> <p>In Division of Behavioral Health Services, the Arkansas Prevention Needs Assessment is conducted annually on a representative sample of school aged children in 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> grades. This survey provides data statewide and by county for Prevention Resource Centers. This data helps the centers strategically provide resources and develop prevention activities.</p> <p><b>Appendix K: Data Collection Requirements</b></p>  |
| <p>Describe experienced or anticipated challenges to completing this task:</p> <p>No experienced or anticipated challenges at this time.</p>   |
| <p>Describe the State’s plan to address the challenges described above:</p> <p>No plan to address any challenges, because none are anticipated at this time.</p>   |
| <p><i>10.2 Identify data collection protocol for <b>quality data</b>:</i> States should submit the sources for these data and/or the surveys that will be used to collect these data. As applicable, information should also include sampling and data collection protocols.</p>   |
| <p>Describe the current status of this task:</p> <p>Completed.</p> <p>Currently the department conducts a report entitled the Review Checklist. This report measures the quality of care for elderly individuals, people with developmental disabilities and people with physical disabilities. It is conducted monthly, quarterly and annually.</p> <p>For Money Follows the Person, the MFP Quality of Life survey is being conducted on 100% of MFP participants. It incorporates additional quality indicators during the participant’s transition period, as well as program quality indicators specified by CMS for the web-based semi-annual program evaluation. Data for the quality indicators will be gathered on a monthly basis, reviewed quarterly, and reported semi-annually based on criteria stipulated by CMS</p> <p>Medicaid Adult Health Quality Measure is a report that collects quality measures for elderly individuals, people with developmental disability and people with physical disabilities. It is collected quarterly, annually, and monthly.</p> <p>Under Arkansas Payment Improvement Initiative, we have and will continue to invested significant time to develop robust, detailed provider performance reports on quality, cost, and utilization. Our initial reports have been focused on episodes and have been made available to all principal accountable providers for the initial waves of episodes; we will</p> |

roll these out in parallel with the launch of additional episodes, and we will adapt these reports for Medical Homes and Health Homes as well. These reports are and will be consistent across the payers. The algorithms we have developed for the various components of our model (for example, detailed episode definitions) give us and providers a complete picture of care that we otherwise would not have (for example, the overall cost and quality variation across the state and all principal accountable providers for an end-to-end knee replacement episode); they are also risk adjusted (whether for individual episodes or on total cost of care for PCMH). These algorithms lay the foundation for developing system-wide performance dashboards on the progress and impact of our model – across quality, cost and utilization.

The Department will review the Medicaid Adult Health Quality Measures and ensure that a quality indicator report will be developed by the tracking system. The InterRAI assessment consists of quality indicators within its algorithm and this information may be used to measure quality and investigate providers with participants where quality of care issues have been identified.

In the Division of Behavioral Health Services, the Youth Outcome Questionnaire (YOQ) is conducted annually. This report provides children and youth outcomes for RSPMI behavioral health treatments. Currently, approximately 70% of RSPMI clients complete a YOQ. It is our plan to have 100% of RSPMI clients to complete the YOQ.

The Division of Medical Services will collect quality data from performance and outcome measures collected from Behavioral Health Homes and 1915(i) State Plan Amendment (SPA) providers. Behavioral Health Home and 1915(i) SPA providers will enter information into a portal. From the information provided in the portal, the following metrics will be pulled to collect quality data for Behavioral Health Home providers:

- The percentage of clients adhering to their independent care plan's minimum number of therapy sessions
- The percentage of clients who saw a Behavioral Health (BH) provider within 7 days after a BH related IP stay
- Rate of utilization of acute IP care for core BH services (IP admits per 100 members per year)
- The percentage of clients adhering to their independent care plan's minimum number of BH-related IP sessions.
- The rate of core BH-related readmission within 30 days of discharge from an acute IP facility
- The rate of core BH-related ED visits (per 100 members per year)
- The percentage of clients with medication possession with a ratio greater than 80% for antipsychotics, mood stabilizers and anti-depressants.
- Utilization of residential services (days Per Member Per Year)
- CMS core quality measures for Children and Adults, including:

- The percentage of adolescents and adults members with a new episode of alcohol or other drug (AOD) dependence who received initiation or engagement of AOD treatment
- The percentage of patients aged 18 years and older screened for clinical depression using a standardized tool and follow-up documented.

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Percentage of clients adhering to care plan's number of outpatient visits

For 1915(i) SPA providers, the plan is to collect and/or verify the following metrics, although these metrics have yet to be approved by CMS:

- Verifying that the plans of care that assessed the needs of the 1915(i) participants are updated annually and the choice of services and providers are documented
- The number of participants who were referred for Independent Needs Assessments who qualified for State plan HCBS services
- Conduct a participant satisfaction survey to measure client experience with services received
- Verify 100% of the providers meet the requirements established for each service provided, including license of performing provider, DBHS certification and National Accreditation.
- The number and/or percent of reports related to the abuse, neglect, or exploitation of participants where an investigation was initiated within established time frames
- The number and/or percent of allegations of abuse, neglect, or exploitation investigated that were later substantiated.

#### **Appendix K: Data Collection Requirements**

Describe experienced or anticipated challenges to completing this task:

No experienced or anticipated challenges at this time.

Describe the State's plan to address the challenges described above:

No plan to address any challenges, because none are anticipated at this time

*10.3 Identify data collection protocol for **outcome measures**:* States should submit the sources for these data and/or the surveys that will be used to collect these data. As applicable, information should also include sampling and data collection protocols. Describe the current status of this task:

Completed. Arkansas Department of Human Services plans to conduct a satisfaction survey annually with a representative sample of the population served to determine participant satisfaction with services provided and caregiver providing services.

Currently, the Arkansas DHS conducts home visits to determine participant satisfaction with services provided and care giver providing services. Home visits are also conducted on a sample of the population served. Home visits are conducted monthly, quarterly and annually.

For Developmental Disability Services, the NCI Survey is conducted annually on a sample of the population. This survey measures consumer's satisfaction with HCBS and ICF Services.

Additionally, in working closely with Money Follows the Person, a quality of life survey is conducted monthly and quarterly. This survey was designed to measure quality of life in seven domains: living situation, choice and control, access to personal care, respect/dignity, community integration/inclusion, overall life satisfaction, and health status.

Money Follows the Person also conducts a client satisfaction survey. This survey measures client satisfaction 30 days after the transition and every quarter thereafter.

Again, under Arkansas Payment Initiative Improvement, we have and will continue to invest substantially in tracking a host of quality and outcomes metrics. Medicaid, for example, tracks many of the nationally recognized population health and outcomes measures that we are looking to improve. Many of these are based on administrative claims data. In some instances, Medicaid will conduct targeted chart reviews to assess quality metrics not available through claims data (for example, to estimate the rate of early elective inductions in the state before 39 weeks). Arkansas Blue Cross Blue Shield has also invested substantially in tracking and reporting a large panel of quality metrics for a range of physician specialties.

In the Division of Behavioral Health Services, Arkansas' Community Mental Health Centers Satisfaction survey is conducted annually. It surveys satisfaction for a random stratified sample of children and adults in the community mental health centers. The survey measures satisfaction in the following domains: access, cultural sensitivity, outcomes, overall satisfaction, improved functioning, participation in treatment planning, quality and appropriateness, and social connectedness.

Going forward, we plan to invest resources in filling gaps for quality and other metrics where we currently do not have access. In particular, in our Wave 1 launch of episodes, we also plan to launch a multi-payer, HIPAA-compliant, provider portal for providers to input required

quality metrics not available through claims data. These include, for example, use of ACEs and ARBs as well as Left Ejection Fraction Value for CHF patients, and use of prophylaxis to prevent DVT/PEs for hip and knee replacement patients. We anticipate development of a more “real time” clinical information accessibility as EMRs and the use of SHARE become standards of practice

#### Appendix K: Data Collection Requirements

Describe experienced or anticipated challenges to completing this task: No experienced or anticipated challenges at this time.

Describe the State’s plan to address the challenges described above:  
No plan to address any challenges, because none are anticipated at this time.

*10.4 Report updates to data collection protocol and instances of **service data** collection:* On a semiannual basis, States should submit any changes to their protocols for collecting service data, or any new instances of service data collection.

Describe the current status of this task:  
Not Started.

Describe experienced or anticipated challenges to completing this task:  
  
Describe the State’s plan to address the challenges described above:

*10.5 Report updates to data collection protocol and instances of **quality data** collection:* On a semiannual basis, States should submit any changes to their protocols for collecting quality data, or any new instances of quality data collection.

Describe the current status of this task:  
Not Started

Describe experienced or anticipated challenges to completing this task:

Describe the State’s plan to address the challenges described above:

*10.6 Report updates to data collection protocol and instances of **outcomes measures collection**: On a semiannual basis, States should submit any changes to their protocols for collecting outcomes measures, or any new instances of outcomes measures collection.*

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| Describe the current status of this task:                               |
| Not Started   |
| Describe experienced or anticipated challenges to completing this task: |
| Describe the State's plan to address the challenges described above:    |

**11.0 States should identify funding sources that will allow them to build and maintain the required structural changes.**

*11.1 Identify funding sources to implement the structural changes: Before building their systems, States must identify the sources of funding they will use to make these changes. States should submit information on the total cost of implementing the structural changes and the amount that each funding source will provide.*

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| Describe the current status of this task: Complete  |
| <p>In March of 2013, Arkansas was awarded \$61.2 million in BIP enhanced FMAP funding through September 30, 2015. Over the last several months, Arkansas Medicaid has met with internal and external to discuss the use of Balancing Incentive Program funding. Arkansas plans to maximize BIP funding to add new and enhance home and community based services to achieve balance of the state's system of long-term services and supports.</p> <p>Arkansas proposes to invest the BIP savings into enhancing its LTSS system and is developing several new initiatives, including health homes, the 1915(i) and CFC options that will expand access to home and community-based services.</p> <p>The state will explore the possibility of making enhancements to the LTSS eligibility and enrollment (E &amp;E) system with 90/10 FFP funding via submission of an Advanced Planning Document to include a pre-screen for LTSS and to enhance systems for tracking and better coordinating medical and financial eligibility determinations.</p> <p>Another potential funding opportunity is from Arkansas's State Innovation Model (SIM) grant from the CMS Center for Medicare and Medicaid Innovation. In its SIM grant, Arkansas requested funding to support provider engagement efforts; these provider engagement activities could include outreach to physicians and hospitals to increase</p> |

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| awareness of HCBS alternatives to institutional care.   |
| Describe experienced or anticipated challenges to completing this task:<br>No experienced or anticipated challenges at this time.                     |
| Describe the State's plan to address the challenges described above:<br>No plan to address any challenges, because none are anticipated at this time. |

*11.2 Develop sustainability plan:* States must also develop clear estimates of the cost to maintain the structural changes once they are in place. Therefore, States should submit the overall maintenance budget of the structural changes and anticipated sources of funding.

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| Describe the current status of this task:<br><br>Not Started.   |
| Describe experienced or anticipated challenges to completing this task:<br>No experienced or anticipated challenges at this time                      |
| Describe the State's plan to address the challenges described above:<br>No plan to address any challenges, because none are anticipated at this time. |

*11.3 Describe the planned usage for the enhanced funding.* The State must identify the projected amount of funding to be earned through the Program and describe how the State will use this enhanced funding by September 30, 2015. The State should also describe how the planned expenditures meet the following criteria: 1. Increase offerings of or access to non-institutional long-term services and supports; 2. Are for the benefit of Medicaid recipients; and 3. Are not a prohibited use of Medicaid funding.

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| Complete. Please see below for a brief description explaining how Arkansas intends to implement BIP's structural requirements and improve access to available HCBS by providing additional or enhanced services. |
| Funding to Support Required BIP Structural Changes:<br><b>Conflict-Free Case Management</b><br>\$8.4 million in BIP funding will support the development of state-wide conflict-free                             |

case management services for LTSS populations. Arkansas plans to issue a request for proposal (RFP) for enhanced and conflict-free case management this summer.

**Development and Implementation of Level 1 Screen and Core Standardized Assessment**

Approximately \$12 million in BIP funding will support the development and implementation of the Level 1 Screen and Core Standardized Assessment tool for LTSS populations. Of this amount, approximately \$1.5 million will support analysis and algorithm development; \$11.5 million will fund the execution of LTSS assessments; and \$2 million will fund training costs of assessment staff or vendors.

**Enhancements to the NWD/SEP System:**

\$800,000 is budgeted for stakeholder engagement, outreach and advertising efforts to promote HCBS alternatives to institutional care and to advertise the NWD/SEP as the entry process for information and access to long-term services and supports. Additionally, a projected \$2.6 million in BIP funding will be used to develop an automated care management system.

**New or Enhanced HCBS offerings:**

**Community First Choice –**

Arkansas plans to launch Community First Choice on July 1, 2014. We currently plan to dedicate a portion of the BIP funding to support this additional home-and-community based option for individuals with long-term service and support needs.

**Health Homes –**

The aim of health homes is to provide extra support for people who need an increased level of care coordination or face greater challenges in navigating the health care system, such as people with developmental disabilities, mental health issues and those living in long-term care facilities. A health home promotes high-quality care, an improved patient experience and more efficient care. Providers will be responsible for proactively considering the needs of their patients or clients, independent of whether they are seeking care, and will receive incentives for promoting wellness and achieving health outcomes. Health homes will serve not as gatekeepers for medical care, but rather as a hub from which the patient may connect with the full array of providers who together form the patient's health services team. This component of the payment initiative is expected to be launched in 2013.

**Behavioral health transformation efforts – 1915(i) –**

Arkansas plans to spend approximately \$10.5 million in BIP funding to support the state's behavioral health transformation effort. Arkansas is currently developing a 1915(i) state plan service to serve individuals with behavioral health needs. The Department of Human Services, Division of Medical Services (DMS) seeks to support



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| <p>effective Behavioral Health system transformation to achieve the following goals:</p> <ol style="list-style-type: none"> <li>1. Rebalance existing high cost, behavioral health services with evidence-based services and supports that create long-term cost efficiency;</li> <li>2. Align the Medicaid Alternative Benefits Plan with Arkansas’s Essential Health Benefits Plan (QualChoice Federal Plan Mental Health and Substance Abuse Benefits) for the expansion population; and</li> <li>3. Achieve mental health parity in Medicaid.</li> <li>4. Re-examining the existing Rehabilitative Services for Persons with Mental Illness (RSPMI) program and other services to better define and utilize the rehabilitative option of our state plan</li> <li>5. Offer basic “traditional” clinic services already in existence in the Licensed Mental Health Practitioner program to the adult (Age 21 and Over) population and to ARKidsB children and youth.</li> <li>6. Revise the current School Based Mental Health service array, remove current prior authorization processes for the core clinical services provided under this program, and discuss a potential rate increase.</li> <li>7. Offer the existing Substance Abuse Treatment Services program to include beneficiaries of all ages.</li> </ol> <p>Additionally, we plan to spend BIP funding for analysis and algorithm development needed to develop and inform Level I screens and core standardized assessments for LTSS populations.</p> <p>All of these proposed services will increase access to home and community based services and benefit Medicaid recipients. Further, none of these initiatives are prohibited uses of Medicaid funding.</p> <p><b>Appendix L: Projected Budget</b></p> | <p>Describe experienced or anticipated challenges to completing this task:</p> <p>Arkansas proposes to develop a number of new HCBS programs to serve individuals with LTSS needs. The process of developing new programs within a short time frame poses a number of challenges including developing and receiving CMS approval for State Plan Amendments and waivers; developing provider networks and working through the state’s procurement processes.</p> <p>Describe the State’s plan to address the challenges described above:</p> |
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DMS recently hired an Information Systems Manager to provide day-to-day management on the BIP program and to facilitate collaboration between the various DHS divisions involved in the BIP project and to ensure that all initiatives are developed in a timely manner.

**12.0 States must make an effort to coordinate their NWD/SEP system with the Health Information Exchange IT system.**

*12.1 Describe plans to coordinate systems:* This may include discussions with State Exchange IT system staff, the identification of key data fields that should be shared across the systems, and the development of a bridge between the systems.

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| Describe the current status of this task:                               |
| Not started   |
| Describe experienced or anticipated challenges to completing this task: |
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| Describe the State's plan to address the challenges described above:    |
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*12.2 Provide updates on coordination:* On a semiannual basis, States should report to CMS updates on coordination including new infrastructure developments

Describe the current status of this task:

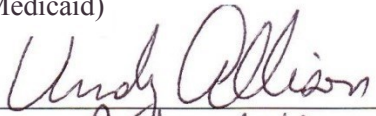
Not Started

Describe experienced or anticipated challenges to completing this task:


Describe the State's plan to address the challenges described above:

The Work Plan should be signed by the lead of the State Medicaid Agency (the Oversight Agency) and by the Operating Agency (if those two agencies are different).

Signature of Lead of Operating Agency  
(Medicaid)

  
Name: Andy Allison  
Agency: Division of Medical Services  
Position: Director

Signature of Lead of Oversight Agency

  
Name: Andy Allison  
Agency: Division of Medical Services  
Position: Director

For technical assistance in completing the Work Plan Table and companion text, you may email:  
[info@balancingincentiveprogram.org](mailto:info@balancingincentiveprogram.org)